-WRITE PLANALY, ITH UNFADING INK-THIS IS A PERMANE RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state NDING CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA.

properly classified.

pe

TION is very important. See instructions on back of certificate.

| BI                     | PEI                                 | -    |
|------------------------|-------------------------------------|------|
| R                      | K                                   | -    |
| E 0                    | SI                                  |      |
| MARGIN RESERVED FOR BI | ALY, ITH UNFADING INK-THIS IS A PEI |      |
| FE SE                  | INK                                 | ,    |
| 2                      | NG                                  |      |
| Z                      | DI                                  | ,    |
| IARG                   | UNFA                                | **   |
| 4                      | ITH                                 |      |
| 1                      | A.                                  | ** * |
| 1                      | Y                                   | -    |

B.—WRITE PLA

ż

V. S. No. 1

| 1. PLACE OF DEATH  | OF MAK                         | TLAND-                            | CERTIFICATE OF DEATH  | 19989                 |
|--|--------------------------------|-----------------------------------|---|-----------------------|
|  | 0                              |                                   | 210 m   |                       |
| County Correl  |                                | 0-:40                             | Registration Dist. No   | 14                    |
| Village or City Wash   | red /                          | Relle                             | NoSt.,  | Ward                  |
| Langth of residence In city or town wher   | e death occurred               | yrsmo                             | f death occurred in a hospital or institution, give its NAME instead of street a sds. How long in U.S. If of foreign birth?yrs. | nd number)<br>_mosds. |
| 2. FULL NAME Somas   | 5 Mart                         | in de                             | rderson   |                       |
| (a) Residence: No. Jaks  | land                           | Mills                             | St Ward.  |                       |
|  | (Usual place o                 |                                   | If nonresident give city or town  | and State             |
| PERSONAL AND STATIS  | TICAL PARTIC                   | CULARS                            | MEDICAL CERTIFICATE OF DEATH  |                       |
| 3. SEX 4. COLOR OR RACE  | 5. SINGLE, MARK<br>OR DIVORCED | tied, Widowed, (write the word)   | 21. DATE OF DEATH  (Month) (Day)  | , 193 3               |
| 5a. If married, widowed, or divorced<br>HUSBAND of   |                                |                                   |   | (Year)                |
| (or) WIFE of   |                                |                                   | 22. I HEREBY CERTIFY, That I attend   | ed dacaased from      |
|  |                                |                                   | Oct. 30, 1933, to   | , 19                  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months                                |                                |                                   | I last saw him alive on Oct. 30, 193  | a; daath is said      |
| Months   | Days                           | If LESS than<br>1 day,hrs.        | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance                   |                       |
|  | 20                             | ormin.                            | were es follows:  | Date of onset         |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc |                                |                                   | Fractured skull   |                       |
| 9. Industry or business in which   |                                |                                   |   |                       |
| work was done, es SILK MILL, SAW MILL, BANK, atc   |                                | ************                      |   |                       |
| 10. Date deceased last worked at this occupation (month and year)                          | 11. Total tin<br>spant         | ne (years)<br>t in this<br>pation |   |                       |
|  |                                |                                   | Other Contributory Causes of importance:  |                       |
| 12. BIRTHPLACE (city or town)  | Mid.                           |                                   | Automobile accident.  |                       |
| II 13. NAME ROLL S. Que  | derson                         | V                                 |   |                       |
| 14. BIRTHPLACE (city or town)  | L                              |                                   | Name of operation   |                       |
| (State or country)   | aun,                           |                                   | What tast confirmed diagnosis?  |                       |
| 15. MAIDEN NAME Marie  | Tillen                         | au                                | 23. If death was due to externel causes (VIOLENCE) fill in also the follow  |                       |
| 16. BIRTHPLACE (city or town)  |                                |                                   | Accident, sulcida, or homicide? ACC idente of Injury OC   | ing:<br>t. 30. 33     |
| (State or country)   | Wide.                          |                                   | Where did injury occur? Oakland Mills, Ca   | nnoll C               |
| PAT  | 11.000                         | ,                                 | (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC                          | tate)                 |
| 17. INFORMANT (Address)  | i. Was.                        |                                   | Public highway.   | PLACE.                |
| 18 BURIAL, CREMATION OR BEMOVAL  |                                |                                   | Manner of injury  |                       |
| Delphar ark Cemeles  | 4 Date Mor                     | . / ,19.33                        | Nature of injury Fractured skull.   |                       |
| 19. UNDERTAKER KEEN YS   | ou du                          | v.                                | 24. Was disease or injury in any way related to occupation of daceasad?   |                       |
| (Addrass) Sey Bes  | elle 21                        | let.                              | If so, specify  | *************         |
| 20 FILED Oct, 30 1033 (P)  | Harry &                        | ten                               |   | Coroner               |
| 20. 1120   |                                | Registrar.                        | (Address) Westminster, Md.  | Total D.              |
|  |                                |                                   | 7 - M.Y   |                       |

CTATE OF MADY AND CEDTIFICATE O

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| V.B. I   | 1             |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH  |
|---|---|
| 1. PLACE OF DEATH   | <b>2</b>  |
| County Clarkoff   | Registration Dist. No. 26   |
| Village of City tuestimuster PFG#7  | ND. St. Ward  |
| (If   | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| Length of residence in city or town where death occurredyrsmos.   | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME No best I hlodare 130  | us  |
| (a) Residence: No. Westmann Mal (Laul place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  | 22. I HEREBY CERTIFY, That I attended deceased from   |
| D+0 1 1052  | I last saw harmelive on 3, 19,33; death is said   |
| 6. DATE OF BfRTH (month, day, and year)  7. AGE Yeers Months Days If LESS than  | to have occurred on the date stated above, at 7:00 Am.  |
| 2 / 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance   |
| 8. Trade, profession, or particular   | were as follows:  Date of apert  Out 5  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.   |   |
| S. Trade, profession, of particular services and services and services are services as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at ff. Total time (years) spent in this occupation (month and |   |
| 10. Date deceased last worked at this occupation (month and year)   |   |
| 12. BIRTHPLACE (city or town) welshimster had PFB7 (State or country)   | Other Contributory Causes of importance:  |
| 13. NAME Theodore R Teith   |   |
| 13. NAME Theodole Rheith  14. BIRTHPLACE (city or town) (State or country)  | Nema of operation   |
| (otate of country)  | What test confirmed diagnosis? Was there an autopsy?  |
| T O   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                                   |
| O 16. BIRTHPLACE (city or town)  (State or country)   | Where did injury occur?   |
| 17. INFORMANT Robert Bland Bland (Address) Westward Ptal #7   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                |
| 18. BURIAL, CREMATION/OR REMOVAL . O-1 5  | Manner of injury  |
| Plece Date Date Date 1963   | Nature of injury  |
| 19. UNDERTAKER (Address)  | 24. Was disease or injury in any wey related to occupation of deceased?   |
| 20. FILED 194, 193] Alwoodward Registrat.   | (Signed) Wy Tlem Splicheld M. D.  (Address) well when the market held.  |
| 10,000  |   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 11            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis 655 Company  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICS | IAN | Ĭ |
|--|-----|---|
|--|-----|---|

|  | 918 |  |
|--|-----|--|
|  |     |  |
|  |     |  |
|  |     |  |
|  |     |  |

BINDIN

FOR

MARGIN RESERVED

Registrar.

(Yaar)

Date of onset

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | and the state of t | Example II   |               |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset  | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915   | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921   | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927  | Peritonitis  | 3 days ago    |
| - V  | <u>.</u>   |  |               |
| Other contributory causes of importance:                                       |  | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923   | Gastroenteritis  | 1 year        |
|  |  |  |               |
|  |  |  |               |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECORD. Every item of infor-

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY,

| STATE    | OF | MARYLAND—CERTIFICATE OF DEATH | 09992 |
|----------|----|-------------------------------|-------|
| DEATH OF |    | 106:20                        |       |

| 1. PLACE OF DEATH   |  | 106-0  |
|---|--|--|
| County Carroll  |  | Registration Dist. No. 20  |
| n. H  | (1)  | NoSt.,War f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd |
| (a) Residence: No. 200  | how Window   | St., Ward.   |
| PERSONAL AND STATISTIC  | (Usual place of abode)                                 | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
|   | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  |
| 5a. If married, widowed, of divorced  | Married  | (Month) (Day) (Year)   |
| HUSBANO of Gory WIFE of George  | Bohn   | 22. I HEREBY CERTIFY. That I attended doceased fro   |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months                                 | Days   If LESS than   1 day,hrs.   ormin.              | mare as follows.   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | - ^  | Curulent Birnelity 2   |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc                                      | 11. Total time (years)                                 |  |
| this occupation (month and year)  | spent in this occupation                               |  |
| 12. BIRTHPLACE (city or town)   |  | Other Contributory Causes of importence:   |
| 13. NAME Jacob For  | gle_   |  |
| 13. NAME  14. BIRTHPLACE (city or town)  (State or country)                                 | 1 0 1 0 0  | Neme of operation  |
| 15. MAIOEN NAME Emma  | Stitely  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town)   | , ×  | Accident, suicide, or homicide?Date of Injury  |
| (State or pountry)  | 7 10   | Where did injury occur?  |
| 17. INFORMANT LEVER CO<br>(Address) New Wind  | Bohn md  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                     |
| 18. BURIAL, CREMATION, OR REMOVAL  Place Planes Dames Dames                                 | Dete 6654th, 1923                                      | Manner of injuryNature of injury   |
| 19. UNDERTAKER Population (Address)   | Wangh.   | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  |
| 20. EA 20 1933 Con  | een Sis en leel  | (Signed) Levis Bhy M. (Address) M.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal eause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephrilis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| and S  |               |  | 4             |
| 1  | 1             |  | MA            |
| Other contributory causes of importance:                                       |               | Other contributory eauses of importance:                                       | 30            |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  | - 10          |
|  |               |  | . >           |

PHYSICIANS should state

stated EXACTL

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

mation should be carefully supplied. AGE should be

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY,

|  | S   | TATE O          | F MARY             | /LAND-           | CERTIFICATE OF DEATH 09993  |
|--|---|-----------------|--------------------|------------------|---|
| 1. PLACE O   | F DEA   | TH              |                    |                  | 210-pm  |
| County   | Car   | roll            |                    | <b>\</b>         | Registration Dist. No. 82   |
| Williags or  |   | Mt.Airy         | 4                  |                  | No. St., Ward (f death occurred in a hospital or institution, give its NAME instead of street and number)   |
|  |   | · La constant   | eath occurred4_    |                  | sds. How long in U.S. If of foreign birth?yrsmosds.   |
| 2. FULL NA   | ME  | Rober           | t Wealey           | Brown,           |   |
| (a) Reside   | nce: No   |                 | same               | ,-,-,-,          | St., Ward.  |
| PERSON   | IAL AN  | ID STATISTI     | (Usual place of    |                  | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX   |   | OR OR RACE      | 5, SINGLE, MARK    |                  | 21. DATE OF DEATH   |
| Male   |   | White           | OR DIVORCED        | (write the word) | (Month) (Day) (Year)  |
| 5a. If merried, wido<br>HUSBAND of<br>(or) WIFE of   | wed, or dive  |                 |                    |                  | 22. OF HEREBY CERTIFY. Thet Vallended decessed from   |
| 6. DATE OF BIRTH   | (month, de  | y, end year) 19 | 29-4- 17           |                  | I last saw harmalive on Olf 4 1933; death is said   |
|  | ars   | Months          | Days               | If LESS than     | to have occurred on the date stated above, et   |
| 4  | +   | 5               | 17                 | 1 day,hrs.       | The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:  |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and sent in this sent in this |   |                 | None               |                  | and setemal denorthage of Och 4   |
| - 1 (1110 000  | 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation |                 | t in this          |                  |   |
|  | 12. BIRTHPLACE (city or town) Frederick City, (Stete or country) Maryland.  |                 |                    | ty-,             | Other Costributor Courses of importance:  |
| ₩ 13. NAME   | Geo   | .Robert         |                    |                  | No allideux 10x   |
| 14. BIRTHPLACE (city or town) Baltimore,   |   |                 | timore,<br>arvland |                  | Name of operation 2000 Date of Date of What test confirmed diagnosible size Linda Was there an autopsy? No-   |
| 15. MAIDEN NA  | AME   | Laura V         | V.Poole.           |                  | What test confirmed diagn(sittle size of full final six there an autopsy? No- 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Laura V. Poole, 16. BIRTHPLACE (city or town) Frederick Co., (State or country) Maryland.  |   |                 | derick C           | 0.,              | Accident, suicide, or homicide Legles ate of Injury CTH, 1933. Where did injury occur? And daniel Such Carroll Co   |
| 17. INFORMANT Geo. Robert Brown, (Address) Mt. Airy Md.  |   |                 |                    |                  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMA  | 18. BURIAL, CREMATION, OR REMOVAL   |                 |                    |                  | Manner of injury lettomobile accident   |
| PlecPine Grove Cemtypate Oct. 6",1933  |   |                 | y Date Oct         | 611,19.33        | Nature of Injury Broken ruly and purchused line   |
| 19. UNDERTAKER   | 6   | n. Hats         | 5.                 |                  | 24. Was disease or Injury in eny way related to occupation of deceased?   |
| Pal  | 3.  | 220             | 71/1               | Dee /            | (Signed) C.M. Lay Joole, M.D.   |

(Address) \_\_\_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPAC | E FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|-----------------|-------|---------|------------|----|-----------|
|-----------------|-------|---------|------------|----|-----------|

1.

|                             | STATE                           | OF MARYLAND-  | CERTIFICATE OF DEATH 03994  |         |  |  |  |
|-----------------------------|---------------------------------|---|---|---------|--|--|--|
| County                      | F DEATH<br>Carroll              |   | Registration Dist. No. \$2  |         |  |  |  |
|                             | City Mt.Airy                    | e death occurred 10 yrsmo                                 | No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. | er<br>d |  |  |  |
|                             | ME Williance: No.               | m Henry Clay, same (Usual place of abode)                 | St., Ward.  If nonresident give city or town and State  | i       |  |  |  |
| PERSON                      | NAL AND STATIS                  | TICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |         |  |  |  |
| ale                         | 4. COLOR OR RACE White          | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Oct. 10 <sup>tt</sup> , 1933. (Month) (Day) (Year)  |         |  |  |  |
| married, widov<br>USBAND of | ved, or divorced<br>late, Carri | e Clay,   | 22. HEREBY CERTIFY, That I ettended deceased from 10th, 1933, to 0 ch. 10th, 1933   | 01      |  |  |  |

| (a) Residence: No.  | same   | St., Ward.   |
|---|--|--|
| PERSONAL AND STA  | (Usual place of abode) TISTICAL PARTICULARS                  | If nonresident give city or town and State   |
| 3. SEX 4. COLOR OR RA Male White  | CE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  Oct. 10 <sup>tt</sup> , 1933.  (Month) (Day) (Year)   |
| 5a. If married, w'dowed, or divorced HUSBAND of late, Cal   | rrie Clay,   | 22. HEREBY CERTIFY. That I ettended deceased from  |
| 6. DATE OF BIRTH (month, day, and year 7. AGE Years Month of G  |  | to have occurred on the date stated above, at 1. 2: m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc | er, laborer  | Carcinoma of gall fladder bro.   |
| 10. Dato deceased last worked at this occupation (month and year)   | 11. Total time (years)<br>spent in this<br>occupation        | Other Cuutributory Causes of importance:   |
| (State or country)  (State or country)  (State or country)  | rederick Co., Maryland am Clay of P.                         | - Const Cauchy Causes of Importance.   |
| 14. BIRTHPLACE (city or town)<br>(State or country)   | Frederick Co., Maryland                                      | Name of operation Dete of Dete of What test confirmed diagnosis?  Wes there an autopsy? No   |
|   | h Steele,<br>Frederick Co.,<br>Maryland                      | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?                        |
| 17. INFORMANT George (Address) Mt.A   | W.Clay,<br>Lry.Md.   | (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.                     |
| 18. BURIAL, CREMATION, OR REMOVAL   | 1tyDate_Oct12",19.33   | Manner of injury   |
| 19. UNDERTAKER 6. M. M. (Address) Him   | alts.  | 24. Was disease or injury in eny way related to occupation of deceased? No   |
| 20. FILED Och 11 , 1933   | Thu Delyder  | (Signed) Cruet Though. I   |

MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  | 1             | Example II   |               |  |  |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |  |
| Other contributory causes of importance:                                       | May 1,1923    | Other contributory causes of importance:                                       | 1 year        |  |  |
| Gaustones  | May 1,1325    | tust venter tus  | 1 year        |  |  |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---|------------|-----------|---------|------------|----|-----------|
|---|------------|-----------|---------|------------|----|-----------|

MARGIN RESERVED FOR BINDING

V. S. No. 1

|            | County_                     | paroll  | , 00                 | WPORKTH BIRDAN                    |  | 71   | 1             |
|------------|-----------------------------|---|----------------------|-----------------------------------|--|--|---------------|
|            | 0001117                     | 011   | 7 9                  | PORATE LIMITE                     |  | Registration Dist. No.   |               |
|            | Village or C                | ity Wilsing C   | inster               | (lf                               | death occurred in a horpital or institution, g | rive its NAME instead of street and                                    | number        |
|            | Length of resid             | dence in city or town when                            | re death occurred 2: |                                   | ds. How long in U.S. if of fore                |  |               |
| 2          | . FULL NA                   | ME Lysse  | Franks               | in Ena                            | lar  |  |               |
|            | (a) Residence               | ce: No. 13 9 4  | 1. Mai               | in                                | St., Ward.                                     |  |               |
| -          |                             |   | (Usual place         |                                   |  | If nonresident give city or town an                                    | d State       |
|            |                             | AL AND STATIS   | TICAL PART           | CULARS                            | MEDICAL CERT                                   | IFICATE OF DEATH   |               |
| 3          | nale                        | 4. COLOR OR RACE                                      |                      | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH                              | onth) (Day)  | , 193         |
| 5a.        | If married, widows          | ed, or divorced                                       | 0                    |                                   |  | (-,,,  | (             |
|            | (or) WHFE of                | Ellie 6.  | Smal                 | al                                | 22. HEREBY C                                   | ERTIFY, That attended  | i deceas      |
|            | DATE OF BIRTH               | month, day, and year)                                 | 1.00,                | 15-71                             | Light caw had a slive on                       | X 17.  | , 1           |
|            | AGE Year                    |   | Deys                 | If LESS than                      | to have occurred on the date stated above      | ve at (5 Q m   | ; deat        |
|            | 6                           | 3 3   | 9                    | 1 day,hrs.                        | The PRINCIPAL CAUSE OF DEATH and               |  |               |
| -          | 8. Trade, profes            | sion, or particular                                   | 21-                  | ormin.                            | were as follows:                               | Protesin   | Date          |
| 0          | kind of w<br>SAWYER,        | ork done, as SPINNER, BOOKKEEPER, etc.                | Veln.                |                                   | 1  | ,paccaputa   | 1             |
| PA         | 9. Industry or b            | dusiness in which done, es SILK MILL,<br>L, BANK, etc |                      |                                   | acreti Car                                     | dias belatate  | 6             |
| OCCUPATION | SAW MILI                    |   | 11 Total t           | ime (years)                       |  |  |               |
| 0          | this occup                  | pation (month and                                     | spe                  | nt in this                        |  |  |               |
| Т          |                             |   | 0                    |                                   | Other Coatributory Causes of importance        | :  |               |
| 12.        | (State or coun              |   | •                    |                                   |  |  |               |
| 2          | 13. NAME /3                 | usil &  | mala                 | 2                                 |  |  |               |
| FATHER     | -                           | (aity or town)  | 0                    |                                   | Name of operation                              | 20.4   |               |
|            | 14. BIRTHPLACE<br>(State or |   |                      | 0                                 | What test confirmed diagnosis?                 | Date of  |               |
| ER         | 15. MAIDEN NAM              | ME Gulice   | ange                 | l                                 | 23. If death wes due to external causes (V     | Was there an   |               |
| MOTHER     | 16. BIRTHPLACE              | Cetty or town)  | ,                    |                                   | Accident, suicide, or homicide?                |  | -             |
| Σ          | (State or                   | 10  | 1.                   |                                   | Where did injury occur?                        |  |               |
| 17.        | INFORMANT /                 | red &   | nglar                | insta m                           |  | pecify city or town, county and Sta<br>JSTRY, In HOME, or in PUBLIC PL | ile)<br>LACE. |
| 18.        | BURIAL, OREMATI             |   | 100000               | land sirregal                     | Manner of Injury                               |  |               |
|            | PlaceMM                     | mlown 6im   | Date_ 0.01.          | 27 ,1933                          | Neture of injury                               |  |               |
| 19         | UNDERTAKER                  | Bankurd.  | 15m                  |                                   | 24. Wes disease or injury in eny way rela      | ited to occupation of deceased?  | ne            |
| 10.        | (Address)                   | estmins   | to m                 | rd.                               | If so, specify                                 | to to oscapation of deceased?  |               |
|            | FILED/OF                    | 0 .23 V   | 11/100               | I and                             | (Signed) Chab R                                | Foul   |               |

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> Example 1 Example II

| The principal cause o of importance were as | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|-------------------------------------|---------------|--|---------------|
| Arteriosclerosis                            |                                     | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial neph                   | ritis                               | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                         | NOV 6 1938                          | July 5,1927   | Perilonitis  | 3 days ago    |
|   |                                     |               |  |               |
| Other contributory ca                       | uses of importance:                 |               | Other contributory causes of importance:                                       |               |
| Gallstones                                  |                                     | May 1,1923    | Gastroenteritis  | 1 year        |
|   |                                     |               |  |               |
|   |                                     | 1             |  |               |

of OCCUPA.

|  | STATE                | F MAR          | YLAND-                                  | CERTIFICATE OF DEATH   | 9996            |
|--|----------------------|----------------|---|--|-----------------|
| 1. PLACE OF DE   |                      |                |   | 71-2   | 1000            |
|  | rroll                |                |   | Registration Dist. No.   |                 |
| Village or City_S  | pringfie.            |                | (14                                     | 11, NSYKESVILLE, Md. St., death occurred in a hospital of institution, give its NAME instead of street and n | Ward            |
| Length of residence I  | city or town where d | leath occurred | 21 <sub>yrs</sub> 11 mos                | ds. How long in U.S. if of foreign birth?yrs   | umber)          |
| 2. FULL NAME.  | Alma Ro              |                | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |                 |
| (a) Residence: No  | 3804 Gre             | enway St       | t., Balti                               | moste, Mdward.   |                 |
| PERSONAL A   | ND STATISTI          |                |   | If nonresident give city or town and a MEDICAL CERTIFICATE OF DEATH  | State           |
|  | LOR OR RACE          |                | RIED, WIDOWED,                          | 21. DATE OF DEATH  |                 |
| Female White Single (write the word)   |                      |                | (write the word)                        | October 28   | 193 3           |
| 5a. if married, widowed, or d<br>HUSBAND of  | ivorced              |                |   |  | (Year)          |
| (or) WIFE of   |                      |                |   | 22. I HEREBY CERTIFY, That I ettended de February 1 19 15 to October 28                                      |                 |
| 6. DATE OF BIRTH (month, day, and year) May 11, 1881   |                      |                |   | Hast sawh er alive on October 28 19 33   |                 |
| 7. AGE Years   | Months               | Days           | If LESS than                            | to have occurred on the date stated above, at 9 a.m.   | , daarn is said |
| 51   | 5                    | 17.            | 1 dey,hrs.                              | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                               |                 |
| Z 8. Trade, profession, or   | particular           |                | , 0,000                                 | Progressive anemia of  | Date of onset   |
| Kind of work do  | EEPER, etc           | No             | *************                           | undetermined origin  | Unk.            |
| SAWYER, BOOK!  S. Industry or busines: work was done, SAW MILL, BAN  10. Date deceased last, this occupation ( | in which             |                |   |  |                 |
| D. Date deceased last  | worked at            | 11. Total ti   | me (years)                              |  |                 |
| this occupation (  | nonth and            | span<br>octu   | tin this pation                         |  |                 |
| 12. BIRTHPLACE (city or tow  | Balti                | more, Mo       | i.                                      | Other Coutributory Causes of Importence:   |                 |
| (State or country)   | .,,                  |                |   | Epilepsy   | 1882            |
| 当 13. NAME Will  | iam J. F             | ink            |   |  |                 |
| 13. NAME Will 14. BIRTHPLACE (city of  |                      | imore, 1       | Vid.                                    | Name of operation Date of  |                 |
| (Stata of country  |                      |                |   | What tast confirmed diagnosis Blood Exam. Was there an au  | Yes? Yes        |
| 15. MAIDEN NAME  16. BIRTHPLACE (city of   | Sarah M.             |                |   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:                              |                 |
| O 16. BIRTHPLACE (city of  |                      | imore, l       | Ad.                                     | Accident, suicide, or homicide? Date of Injury   | , 19            |
| (State of County   | ·                    | nde            |   | Where did injury occur? (Specify city or town, county and State)   | )               |
| 17. INFORMANT HOSPI (Address) S.S.   | Hoen Sy              | rus<br>keerill | b Md                                    | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE                                     | CE.             |
| 18 BURIAL, CREMATION, OF   | REMOVAL              | VEZATITE       | Mu                                      | Manner of Injury   |                 |
| Mediace allies   | hal Cem              | - Date Our     | 30 ,1933                                | Nature of injury   |                 |
| 19. UNDERTAKER   | ser +d               | on &           | ne.                                     | 24. Was disease or injury in any wey related to occupation of deceased? N                                    | 0               |
| (Address)  | ypesno               | ele u          | ud,                                     | If so, specify   |                 |
| 20. FILED 5 1 28   | 1933 00              | Yorky,         | There                                   | (Signed) John & Welhered,  | M. D.           |
|  | ,                    |                | Registrar.                              | (Address) S. S. Hosp. Sylves will I  | 10              |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

PHYSICIANS should state

of OCCUPA-

Exact statement

be properly classified.

mation should be carefully supplied: AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   |                 | (131)                             |  |  |  |  |
|---|-----------------|-----------------------------------|--|--|--|--|
| County Carroll  |                 |                                   | Registration Dist. No.   |  |  |  |
| Village or the Gamber,  |                 | D. Finks O vrs mos                |  |  |  |  |
|   |                 |                                   | 9  |  |  |  |
| 2. FULL NAME Albert F   |                 | er,                               |  |  |  |  |
| (a) Residence: No. Sar  | (Usual place of | f abode)                          | St., Ward.  If nonresident give city or town and Stale   |  |  |  |
| PERSONAL AND STATISTICA   |                 |                                   | MEDICAL CERTIFICATE OF DEATH   |  |  |  |
| 3. SEX  4. COLOR OR RACE Male  4. COLOR OR RACE OR DIVORCED (write the word) Married Married              |                 |                                   | 21. DATE OF DEATH October 27", 193 3   |  |  |  |
| 5a. If married, widowed, or divorced HUSBAND of (et) HEST Ella V. Gamber                                  |                 |                                   | 22. SCPL 3 1933 to Control 1 attended deceased fr  |  |  |  |
| 6. DATE OF BIRTH (month, day, and year) 1851-4-13   |                 |                                   | Hast saw h Lun alive on Oct 26 , 1933; death is s  |  |  |  |
| 7. AGE Years Months 82 6  | Days<br>14      | If LESS than I day,hrs. ormin.    | to have occurred on the date stated above, 21:30a.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance  |  |  |  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Painter |                 |                                   | Throwie Neptrites - Prine 173:   |  |  |  |
| work was done, as SILK MILL, SAW MILL, BANK, etc  | 11. Total tin   | ne (years)<br>t in this<br>pation |  |  |  |  |
| 12. BIRTHPLACE (city or town) Lancas: (State or country) Pa   | ter Co          |                                   | Dther Contributory Causes of importance:   |  |  |  |
|   |                 |                                   | - 1sty 0 coracus -   |  |  |  |
| H 13. NAME William S.  14. BIRTHPLACE (city or town) Lancas (State or country) Pa                         | ter Co          |                                   | Name of operation Date of Date |  |  |  |
|   |                 |                                   | What test confirmed diagnosis?   |  |  |  |
| 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country)                                  |                 |                                   | 23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?   |  |  |  |
| 17. INFORMANT Mrs. Ella V. Gamber, (Address) R. F. D. Finksburg, Md.                                      |                 |                                   | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.   |  |  |  |
| 18. BURIAL, CREMATION, DR REMOVAL Place Providence Centy D  | nte Oct         | 3011,1933.                        | Manner of injury   |  |  |  |
| 19. UNDERTAKER G. M. Wald   | mid             |                                   | 24. Was disease or injury in any way related to occupation of deceased?  |  |  |  |
| 20, FILED 19  | u se            | Registrar.                        | (Signed) (Address) (Salurustu M.)  |  |  |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Exa   | ample I       |               | Example II   |               |
|---|---------------|---------------|--|---------------|
| The principal cause of death of importance were as follow | vs:           | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | RECEIVE       | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis                            |               | 1921          | Run over by street car   | 1 week ago    |
| Cercbral hemorrhage                                       | NEV 6 1983    | July 5,1927   | Peritonitis  | 3 days ago    |
| 1 2   | TURBAU V.E    |               |  |               |
| Other contributory causes of                              | f importance: |               | Other contributory causes of importance:                                       |               |
| Gallstones  |               | May 1,1923    | Gastroenteritis  | 1 year        |
|   |               |               |  |               |
|   |               |               |  |               |

'RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING WITH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. N. B.—WRITE PLAINLY,

| STATE OF | MARYL | AND-CE | ERTIFICA | ATE | OF | DEATI | H |
|----------|-------|--------|----------|-----|----|-------|---|
|----------|-------|--------|----------|-----|----|-------|---|

| 1. PLACE O   | F DEATH  | A                | aryla                 |  | culosis Sanato  | rium                           | 09               | 998            |
|--|--|------------------|-----------------------|--|---|--------------------------------|------------------|----------------|
| County_C   | arroll   |                  |                       | COTOLEC                                  | Branch 23   | Registration Dist. N           | D. 74            |                |
|  | city Henry   |                  |                       | (If                                      | ND.<br>death occurred in a hospital or inst                                       | itution, give its NAME instead | of street and ne | umber)         |
| Length of re                                       | sidence in city or tow   | n where death    | occurred              | yrs. 4 mos.                              | 25 ds. How long in U.S. in  | f of foreign birth?yr          | smos             | s ds           |
| 2. FULL NA   | ME Lucy  | Ellen            | Harri                 | S  |   |                                |                  |                |
| (a) Reside   | nce: Np. 1629  | Divis            | ion S<br>(Usual place | t. Balt:                                 | imone, Movard.  | If nonresident give city       | or town and      | State          |
| PERSO  | NAL AND ST   | ATISTICA         | L PARTI               | CULARS                                   | MEDICAL   | CERTIFICATE OF                 | DEATH            |                |
| 3. SEX<br>Female                                   | 4. COLOR OR R.   |                  | OR DIVORCE            | RIED, WIDOWED, D (write the word)        | 21. DATE OF DEATH   | Oct., 18, 1<br>(Month)         | 933 ;            | 193(Year)      |
| 5a. If married, wido<br>HUSBAND of<br>(or) WIFE of | wed, or divorced   | <b></b>          |                       | ucw-4                                    |   | Y CERTIFY, Tha                 |                  |                |
|  | (month, day, and ye  |                  | , 1,                  | 1906                                     | May 24, 1933 Hast saw h er elive on   | Oct., 18, 19                   | 339              |                |
|  |  | onths            | Days                  | If LESS than I day,hrs. ormin.           | to have occurred on the date sta<br>The PRINCIPAL CAUSE OF DE<br>were as follows: |                                |                  | Date of onse   |
| 8. Trade, profi                                    | fession, or particular<br>work done, es SPIN<br>R, BOOKKEEPER, etc | INER,            | mesti                 | c  | Pulmo   | nary Tubercu                   | losis            |                |
| work w   | business in which<br>as done, as SILK MII<br>ILL, BANK, etc        | u, Ur            | known                 |  |   |                                |                  | Nov<br>1931    |
|  | used last worked at cupation (month and                            | nknown           | 11. Total t           | ime (years)<br>ntin thiunknov<br>upation |   |                                |                  |                |
| 12. BIRTHPLACE (  (State or co                     | 014) 01 (01111/  | ing Wi<br>irgini |                       |  | Other Contributory Causes of in   | aportance:                     |                  |                |
| 企<br>山 13. NAME                                    |  | lie Ha           |                       |  |   |                                |                  |                |
| H 14. BIRTHPLAC                                    | CE (city or town). E   |                  | w and the A.          |  | Name of operation   | 0                              | Date of          | O Vertoney? Ve |
| 15. MAIDEN N                                       |  | ora Sl           |                       |  | 23. If deeth was due to externel  |                                |                  |                |
| 16. BIRTHPLAC                                      | CE (city or town) K  | ing Wi<br>irgini | lliam                 |  | Accident, suicide, or homicide?.  | Date of I                      |                  |                |
| 17. INFORMANT<br>(Address)                         | John E.<br>Henryto   | O'Nei            | 11, M                 | . D.                                     | Specify whether injury occurred   | (Specify city or town, co      | n PUBLIC PLA     | CE.            |
| . //   | ATION, OR REMOVAL  | 1.               | ate OC                | t 20,1933                                | Manner of injury  |                                |                  | ,              |
| 19. UNDERTAKER (Address)                           | 1303   | as ·             | 3 ton                 | els in                                   | 24. Wes diseese or injury in eny  | way related to occupation of   | deceased?        | no             |
| 20, FILED 10/                                      |  | Deputy           | D. O                  | Meille<br>Registrar.                     | (Signed)(Address)   | Thu Ste                        | U/6              | ully no        |
|  |  |                  |                       |  | 2411 N. Charles Street, Baltimore,  | Requesting T). S. No. T.       | ,                | /              |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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|   | Example I                             | [             | Example II   |               |
|---|---------------------------------------|---------------|--|---------------|
| The principal cause of importance were as | f death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                          | 1 9 1963                              | 1915          | Attack of epilepsy   | 1 week aga    |
| Chronic interstitial neph                 | ritis                                 | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                       | BURRAU                                | July 5,1927   | Peritonitis  | 3 days ago    |
|   |                                       |               |  |               |
| Other contributory ca                     | uses of importance:                   |               | Other contributory causes of importance:                                       |               |
| Gallstones                                |                                       | May 1,1923    | Gastroenteritis  | 1 year        |
|   |                                       |               |  |               |
|   |                                       |               |  | <u> </u>      |

| ADDITIONAL SPACE FOR FURTH | ER STATEMENTS BY PHYSICIAN |
|----------------------------|----------------------------|
|----------------------------|----------------------------|

BINDING

FOR

RESERVED

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| The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis | Date of onset  1 week ago 1 week ago 3 days ago           |
|---|---|
|   | -   |
| Peritonitis   | 3 days ago  |
|   | o days ago  |
| Other contributory causes of importance:  | 1 year  |
|   | Other contributory causes of importance:  Gastroenteritis |

8. Trade, profession, or particular kind of work done, as SPINNER, Tineman SAWYER, BOOKKEEPER, etc.

Hoomer

Unla oum

Alabama

North Ave. Ba

ustry or business in which work was done, as SILK MILC, SAW MILL, BANK, etc....

9. Industry or business in which

10. Date deceased last worked at

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Address)

20. FILEO

(State or country) 13. NAME VM . F .

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, OR REMOVAL

fleesboro, Tenn.

(Address) 2009

(State or country)

this occupation (month and

or .... min.

11. Total time (years) spant in this

occupation .

BINDIN FOR RESERVED тау instructions carefully important plnoys OF CAUSE mation

OCCUPATION

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 1933. I HEREBY CERTIFY. That I attended deceased from The Colombia Colombia Colombia Colombia Colombia Colombia Colombia de la la colombia de la colombia del colombia de la colombia del colombia de la colombia del la colombia de la colombia del la colombia de la colombia de la colombia de la colombia de la colombia del la colombia de la colombia de la colombia del la colombia de to have occurred on the date staled above, at 2:45 P.M. I day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Oate of onset Accidental death by electrocution. Other Contributory Causes of Importance: Coming in contact with a live wire while working on a pole. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident bate of injury Oct. 3 19 33 Westminster, Carroll (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. On a public stfeet. Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| (OV 6-1932)  |               |  |               |
| Other centributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
| MARKET MA |               |  |               |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

V. S. No. 1

| 1                                  | STATE C   | OF MAR'                                 | YLAND-                     | CERTIFICATE OF DEATH   | nat                       |
|------------------------------------|---|---|----------------------------|--|---------------------------|
| 1. PLACE OF                        | DEATH   |   |                            | 95-6   | ,                         |
| CountyC                            |   |   |                            | Registration Dist. No.   | 74                        |
| Village or City                    | y Springfie   | ld State                                | Hospita                    | 1. NSykesville, Md. St., f death occurred in a horpital or institution, give its NAME instead of street and i                        | Ward                      |
| Length of reside                   | ence in city or town where o                              | death occurredO                         | yrs,2mos                   | f death occurred in a hospital or institution, give its NAME instead of street and responses.  How long in U.S. if of foreign birth? | number)                   |
|                                    | E Joseph  |   |                            |  |                           |
| (a) Residence                      | :No. 1209 N.  | Durham                                  | St., Bal                   | timore, Md.  |                           |
|                                    |   | (Usual place o                          | f abode)                   | If nonresident give city or town and   | State                     |
|                                    | L AND STATIST   |   |                            | MEDICAL CERTIFICATE OF DEATH   |                           |
| Male                               | 4. color or RACE White                                    | 5. SINGLE, MARE<br>OR DIVORCED<br>Marri | (write the word)           | 21. DATE OF DEATH October 31 (Month) (Day)   | , 193 3<br>(Year)         |
| 5e. If married, widowed HUSBAND of | l, or divorced  |   |                            |  |                           |
| (or) WIFE of                       | Margaret A  | . Housto                                | n                          | 22. I HEREBY CERTIFY, That I attended August 2, 19 33, to October  | deceased from $31_{19}33$ |
| 6. DATE OF BIRTH (m                | onth, dey, and yeer) Ma                                   | arch 18.                                | 1876                       | Hast saw h. im alive on October 30 19.33   |                           |
| 7. AGE Years                       |   | Days                                    | If LESS than               | to have occurred on the date stated above, at 3:172m.  | , addition to delice      |
| 57                                 | 7   | 13                                      | 1 day,hrs.                 | The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:   |                           |
| & Trade, professi                  | on, or particular rk done, as SPINNERS to OOKKEEPER, etc. | mont Cam                                | Motormo                    |  | Data of onset             |
| 9 Industry or hu                   | siness in which   | reet car                                | MOCOFIIIa                  | General Arteriosclerosis   | Unk                       |
| Work was d                         | one, as SILK MILL,<br>BANK, etc                           |   |                            |  |                           |
| 0. Date deceesed this occupat      | lest worked at tion (monthpaper )                         | 11. Total tir                           | ne (years)<br>t in this 25 |  |                           |
| 12. BIRTHPLACE (city               | or town) Mary   | land                                    |                            | Other Contributory Causes of Importance:   |                           |
| (State or countr                   |   |   |                            | Cardiac decompensation be  | efore                     |
| T 13. NAME JO                      | seph A. Hul   |   |                            |  | 2.133                     |
| 13. NAME JO                        | ,   | Land                                    |                            | Name of operation Date of  |                           |
| 1 (State of Co                     |   | D                                       |                            | What test confirmed diagnosis? Clinical Symptoms   | u'opsy?No                 |
| 15. MAIDEN NAME                    |   |   |                            | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |                           |
| O 16. BIRTHPLACE (c                | city or town) Bal   | timore                                  |                            | Accident, suicide, or homicide? Date of injury   | , 19                      |
|                                    |   | ond a                                   |                            | Where did injury occur? (Specify city or town, county and State  | )                         |
| (Address) S.                       | ospital Red<br>S. Hosp.,                                  | Sykesvil                                | le. Md.                    | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA   | CE.                       |
| 18. BURIAL CREMATIO                |   | 3/                                      | 41 49                      | Manner of injury   |                           |
| Copiace VIV                        | call Ina  | Data / OV .                             | 19.33                      | Neture of Injury   |                           |
| 19. UNDERTAKER (Address)           | saltimo   | 1. Mei                                  | ell .                      | 24. Was disease or injury in any way related to occupation of deceased? No   | <b>)</b> .                |
| 20, FILED Oct ,                    | 3/ 19 33 Cc   | Horry.                                  | New                        | (Signed) John L. Wilhered  | M. D.                     |
|                                    |   |   | Registrar.                 | (Address) 5.5. Horfy Ey her velle, 1   | Md                        |

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| Example I  | li li         | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronie interstitial nephritis 3   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUREAU   | 3             |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANER MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 10002   |
|--|--|
| 1. PLACE OF DEATH  |  |
| County Carroll CORPORATE LIMITE  | Registration Dist. No.   |
| Village or City Mesturiuster   | No. A3 Multistus St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  |
|  | death occurred in a norphial or institution, give its IVAIVIE, instead of street and number)  ds. How long in U.S. if of foreign birth?  |
| 2. FULL NAME Sufant (Hyder)  |  |
| (a) Residence: No. 43 Webster  | St., Waré.   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OB RACE OR DIVORCED (World the word)   | 21. DATE OF DEATH  clocks (Month) (Day) (Yaar)   |
| 5a. If married, widowed, or divorced HUSBAND of  | 22. I HEREBY CERTIFY, That I attended deceased from  |
| (or) WIFE of   | Oct 31 1933 12 Oct 31 19 33  |
| 6. DATE OF BIRTH (month, day, and year) ( Lother 31. 1933  | Hast saw here alive on Oct 31 1933; death is said  |
| 7. AGE Years Months Days II LESS than  | to have occurred on the date stated above, at 6:00 m.  |
| ormin.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were Date of onset   |
| 8. Trade, profession, or particular kind of work done, as SPINNER,   | Pacchelle presera 28131  |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | remature   |
| work was done, as SILK MILL, SAW MILL, BANK, etc   |  |
|  |  |
| year) occupation   | Other Coutributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) // slussing  |  |
| (State or country) Maryland  |  |
| 14. BIRTHPLACE (city or town) Upon   | Professional design of the control o |
| 14. BIRTHPLACE (city or town)  | Name af operation  |
| - I - I - I - I - I - I - I - I - I - I  | What test confirmed diagnosis? Was there an autopsy?   |
| I mente s. Marian  | 23. If death was due to external causes (VIOL ENCE) fill in also tha following:  Accident, suicide, or homicide?   |
| O 16. BIRTHPLACE (city or town)  (State or country)  | Where did injury occur?  |
| 17. INFORMANT Joseph W. Highler (Address)  | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place Misliminster Oate Most 1 , 1933  | Nature of injury   |
| 19. UNOERTAKER AT Mucies Reuse (Address) / Mathematical Med  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 20. FILED / / 19 3-3 Office Registral.   | (Signed) (Signed) (Address Westween Steel Med M. D.  |
| If more blanks are needed, address State Registrar.  | 2411 N. Charles Street Baltimore Requesting 7) S No. 7   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of anset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| MCM @ 1923   |               |  |                           |
| Other contributory causes of importance:  Gallstones   | May 1,1923    | Other contributory causes of importance:  Gastroenteritis  | 1 year                    |
|  |               |  |                           |

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  |   | (U.E)  |                        |
|--|---|--|------------------------|
| County Curvel WITHI  | N CORPORADA TORISTO                                 | Registration Dist. No.   |                        |
| Village or City  | ster  | No. 4 6 B and St.,  f death occurred in a hospital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth? yrs mos. |                        |
| 2. FULL NAME alice 7   | narie Li  | ndson  |                        |
| (a) Residence: No. 46 Bon  | L<br>Usual place of abode)                          | St., Ward.  If nonresident give city or town and St  | nte                    |
| PERSONAL AND STATISTICAL   |   | MEDICAL CERTIFICATE OF DEATH   |                        |
| 3. SEX 4. COLOR OR RACE 5. SII   | NGLE, MARRIED, WIDOWED, t DIVORCED (write the word) | 21. DATE OF DEATH 25 (Month) (Day)   | 193 <b>3</b><br>(Year) |
| HUSBAND of (or) WIFE of The Late Firem  6. DATE OF BIRTH (month, day, and year) Sefer            | + 4-1874  | 1 HERESY CERTIFY. That I attended de CES 1933 to CH 26 11ast saw has aliva on CH 25 - 1953;  | 19                     |
| ~ 0  | Days If LESS than 1 day,hrs. ormin.                 | to have occurred on the data stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:                                |                        |
| 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.      | se ovile  | Epophthetime Roiter  | Oota ol gnae           |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc                | 7   |  |                        |
| ID. Date decaasad last worked at this occupation (month and year)                                | 11. Total time (years) spent in this occupation     |  |                        |
| 12. BIRTHPLACE (city or town) (State or country)   | 0 11  | Other Contributory Causes of Importance: My ocar dite  | 192                    |
| 13. NAME Samuel Bigl   | er Eppley   | V  |                        |
| 13. NAME Samuel Bigl  14. BIRTHPLACE (city or town) Sellizabi  (State or country)                | ung Pal   | Name of operation Date of  | .00                    |
| 15. MAIDEN NAME Elegabeth To   | L Otenhille   | What test confirmed diagnosis? Was there an auto 23. If daath was due to external causes (VIOL ENCE) fill in also tha following:                               | opsy?                  |
| 15. MAIDEN NAME Elegabeth 15  16. BIRTHPLACE (city or town) Linsum  (State or country) Tracery L | mills   | Accident, suicide, or homicide? Data of injury   | , 19                   |
| 17. INFORMANT Miss Edith I   | indsag.   | Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE                      | E.                     |
| 18. BURIAL, CREMATION, OR REMOVAL Place Linus Bridge Date  | 10/27 1933  | Manner of injury   |                        |
| 19. UNDERTAKER AB ankard (Address) Westman   | +Son  | 24. Was disease or injury in any way related to occupation of decaasad?  | 20                     |
|  | 7000  | liles should   |                        |

S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state

FOR BINDING

MARGIN RESERVED

THE UNFADING INK-THIS IS A PERMANE

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

Exact statement of OCCUPA-

RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS | ICI | CI | I | Í. | 1 | H | A | ١ | 1 | 1 | 1 |  | J | , |  |  |  | L | L |  |  | 1 | 1 | 1 | ٨ | A | A | A | A | ٨ | ١ | ١ | 1 | 1 | 1 | ٨ | ٨ | A | ٨ | ٨ | A | A | į | 1 | 1 | 4 | İ. | ĺ | Ī | ] | J | ] | J | ,] | 1 | 3 | 3 | J |  | 0 | ( | ( | ( | ( | ĺ | ĺ | J | , | 5 | Š | 7 | 5 | - | ľ | ١ | • | ĺ | d | I | 1 | 7 | J |  |  | , | ľ | 1 |  | В | ] |  | 3 | 5 |  | 1 | , | V | ì | ů, | F | I) | V | I | E | I | Г | J | Λ | 1 | ١. | Γ | 3] | $S^{i}$ | 5 |  | 3 | F |  | В | Ι | I | ŧ |  | Г | 1 |  | ľ | ] | J | J | ĺ | Į | 1 | 7 | 7 | ŀ | 1 |  | 3 | 1 | Į | I | ) | ) |  | ( |
|---|-----|----|---|----|---|---|---|---|---|---|---|--|---|---|--|--|--|---|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|----|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|--|---|---|--|---|---|--|---|---|---|---|----|---|----|---|---|---|---|---|---|---|---|----|---|----|---------|---|--|---|---|--|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|
|---|-----|----|---|----|---|---|---|---|---|---|---|--|---|---|--|--|--|---|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|----|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|--|---|---|--|---|---|--|---|---|---|---|----|---|----|---|---|---|---|---|---|---|---|----|---|----|---------|---|--|---|---|--|---|---|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|--|---|

V. S. No. 1

|                             | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANE. RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | \  |
|-----------------------------|--|--|--|--|
| 0                           | RECORI   | Y. PHYS  | Exact st   |  |
| BINDING                     | ERMANE   | EXACTI   | r classified.  | te.  |
| D FOR                       | IIS IS A P   | be stated  | be properly  | of certificat  |
| ESERVE                      | INK-TH   | E should   | lat it may   | s on back  |
| MARGIN RESERVED FOR BINDING | UNFADING   | upplied. AC  | terms, so th   | TION is very important. See instructions on back of certificate. |
| Z J                         | LY, WITH   | carefully s  | TH in plain  | portant. Se  |
| •                           | TE PLAIN   | a should be  | E OF DEA   | is very im   |
| V. S. No. I                 | . BWRI   | mation   | CAUS   | TION   |
| >                           | Z  | 1  | 1  | \$   |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 18004  |
|---|---|
| 1. PLACE OF DEATH   | (82-20)   |
| County Carroll WITHIN CORPORATE LIMITS  | Registration Dist. No.  |
| Village or City Westminster   | Now 38 Pen ave St. Ward   |
| (If Length of rasidence in city or town where death occurred.                               | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foralgn birth? |
| 2. FULL NAME Mary Ellen Low   | 1~2   |
| (a) Residence: No. 38 Rem ave   | St Ward.  |
| (Usual place of abode)  | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 7. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)           | 21. DATE OF DEATH Control (Day) (Pear)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the Late Jame. Lowe            | 1 HEREBY CERTIFY. That I attanded deceased from hules 12 7 1937 to Olf when 1937  |
| 6. DATE OF BIRTH (month, day, and year) Fleb. 23-1858                                       | I last sow h. L. alive on Oltobas J. 1933: death is said  |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at   |
| 75 8 16 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance   |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. | Corebral Hameshage Date of onset  |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc           |   |
| 10. Date deceased last workad at this occupation (month and year)                           |   |
| 12. BIRTHPLACE (city or town)   | Other Contributory Causes of importance:  |
| (State or country) In anyternal   | (Olsera) Bromeliti  |
| 13. NAME Soloman Brothers   |   |
| 14. BIRTHPLACE (city or town)  (State or country)   | Name of oparation Date of   |
| 15. MAIDEN NAME Ellen Man 7 marson  | What test confirmed diagnosis? Was there an autopsy?  |
| 16. BIRTHPLACE (city or town)   | 23. If daath was due to external causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicide?                     |
| (State or country) Maryland   | Whara did Injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT John G. Lawe<br>(Address) Weathwington Mid                                    | Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of Injury  |
| Place detalino Date (1) 1, 1933   | Nature of injury  |
| 19. UNDERTAKER ItBankard + Sori<br>(Addiss) Westmington md                                  | 24. Was disease or Injury In any way related to occupation of decaasad?   |
| 20, FILED/0/0, 1833 Selvosos Registrar.   | (Signed) It Many Stray M. D.  (Address) Heldlessen Mich.  |
| 76 11 11 11 11 11 11  |   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  | 1             | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| BURNEU V.S.  |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| 1             | Example II   |  |  |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |  |
| 1915          | Attack of epilepsy   | 1 week ago   |  |
| 1921          | Run over by street car   | 1 week ago   |  |
| July 5,1927   | Peritonitis  | 3 days ago   |  |
| <u> </u>      |  |  |  |
|               | Other contributory causes of importance:                                       | • •  |  |
| May 1,1923    | Gastroenteritis  | 1 year   |  |
|               |  |  |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance: |  |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

N. B.—WRITE PLAINLY,

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 10006  |
|---|---|
| 0 6.  | 74  |
|   | No. Ohm sheld Italo Hospital St Ward  |
| Village or City Rykesville (16  | f death occurred in a hospital or institution, give its NAME instead of street and number)  |
| Length of residence in city or town where death occurred 9 yrs mos                              | s. / 3 ds. How tong in U.S. If of foreign birth?yrsmosds  |
| 2. FULL NAME George W. Middle kauff   | nash G  |
| (a) Residence: No. Stagerstown, Ind. (Usual place of abode)                                     | St., Ward. Hagerstown Md If nonresident give city or lown and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE Nale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed. | 21. DATE OF DEATH (Locher 13 3 (Month) (Day) (Year)   |
| 5a. If merriad, widowad, or divorcad HUSBAND of (or) WIFE of Marder name unknown                | 22. I HEREBY CERTIFY. That I attended dacassad from 12. 1930, to Celoby 13 1933   |
| 6. DATE OF BIRTH (month, day, and year) luck 1869   | Clast saw harm alive on October 12 4 ,1933; death is sele   |
| 7. AGE Years Months Days If LESS than   | to have occurred on the deta stated above, at 8.10 Am.  |
| 64 lenksown hukwown or or min.  | The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:  |
| 8. Trade, profassion, or particular kind of work done as SPINNER, Scientific Workey             | General arteriocherosis   |
| SAWYER, BOOKKEEPER, etc. Standard Moral of Standards  | Ilmiral Univocurosis ang 19   |
| work was done, as SILK MILL, Washington A. C.   |   |
| 11. Total time (years) occupation (month end 1918 occupation)                                   |   |
| 12. BIRTHPLACE (city or town) Hashington County- (State or country) maryland.                   | Other Contributory Causes of importance: Chrome Rephritis and Chromi Valymlar Stead Dresase. ( artic Regurgitation)                       |
| 13. NAME Hram Middlehauff.  | Valitation rules further interingulation 1428   |
| 14. BIRTHPLACE (city or town) Linkmon (State or country) Maryland.                              | Name of operation from Date of Date of What tast confirmed diagnosis? The Was there and actions? Was there and actions? The               |
| ~   |   |
| 15. MAIDEN NAME Unpuroum  16. BIRTHPLACE (city or town) unpuroum  (State or country) maryland.  | 23. If death was due to extarnal causas (VIOLENCE) fill In also the following:  Accident, sulcide, or homicida?                           |
| 17. INFORMANT Springfuld State Arsfital (Records) (Address) Sypherylle, Carrolles. Md.          | Where did injury occur?(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18, BURIAL, CREMATION, OR REMOVAL  Apprace  Date 84. 16, 19.33                                  | Mannar of injury  |
| 19. UNDERTAKER . M. Sither & Son<br>(Addrass) Hageistown me                                     | 24. Was disaase or Injury In any wey raletad to occupation of deceesad? 700   |
| 20. FILED Oct. 13 , 1933 Charry Here Registrar.   | (Signed) John h. Morrie M. (Address) ( S. H.) Rykesville, Ma.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|                                     | Example I                                       |               | Example II   |               |
|-------------------------------------|---|---------------|--|---------------|
| The principal ca<br>of importance w | use of death and related causes ere as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis                    | D. Inches                                       | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitia                 | l nephritis                                     | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhag                  | ge  | July 5,1927   | Peritonitis  | 3 days ago    |
|                                     | 101 3 1903                                      |               |  |               |
|                                     | - 2   |               |  |               |
| Other contribute                    | ory causes of importance:                       |               | Other contributory causes of importance:                                       |               |
| Gallstones                          |   | May 1,1923    | Gastroenteritis  | 1 year        |
|                                     |   |               |  |               |
|                                     |   |               |  |               |

-WRITE

S

infor-

Jo

OCCUPA-

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
|  |               | LEGINE METERS AND                          |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |  |
|------------|-------|-----|---------|------------|----|-----------|--|
|            |       |     |         |            |    |           |  |

PHYSICIANS should state

stated EXACTLY. be properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

N. B.—WRITE PLAINLY,

V. S. No. 1

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

|  | 1. PLACE OF                    |                            |                   | F MA           | RYL                                     | AND-             | CERTIFICATE OF DEATH  | 0008          |
|--|--------------------------------|----------------------------|-------------------|----------------|---|------------------|---|---------------|
|  |                                |                            | arroll            |                |   |                  | (92-0)  | 82            |
|  |                                |                            |                   | 77.            |   | T D MA           | Registration Dist. No.  |               |
|  |                                |                            |                   |                |   | (II              | A 100 y , Md . St., death occurred in a horpital or institution, give its NAME instead of street and                                  | number        |
|  | Length of resid                | dence In city              | y or town where d | eath occurred. |   | rsLmos           | ds. How long in U.S. if of foreign birth?rrsr   | 10sds.        |
| :  | 2. FULL NAM                    | ME S                       | usie Au           | gusta          | Poo                                     | le,              |   |               |
|  | (a) Resident                   | ce: No                     |                   | same           |   |                  | St., Ward.  |               |
| -  | PERSON                         | AI ANI                     | O STATISTI        |                | lace of abo                             |                  | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH   | d State       |
| 3.   | SEX                            |                            | OR RACE           | 5. SINGLE, N   |   |                  | 21. DATE OF DEATH   |               |
|  | Female                         | Wh                         | ite               | OR DIVO        | RCED (w                                 | rice the word)   | October 7",   | ., 193.3      |
| 5a.  | If married, widowe             |                            |                   | 1 24200,       | 1110                                    | ц.               | (Month) (Day)   | (Year)        |
|  | (or) WIFE of J                 | ames                       | A.Pool            | .e             | -1-10                                   |                  | 22. Of HEREBY CERTIFY. That I altended  | deceased from |
| 6.   | DATE OF BIRTH                  | month, day,                | and year) 186     | 56-6-1         | 3                                       |                  | I last saw h. et alive on Oct 6 1933  |               |
|  | AGE Year                       |                            | Months            | Days           |   | If LESS than     | to have occurred on the date stated above, a6:35a.m.  |               |
|  | 67                             | 7                          | 3                 | 24             |   | lay,hrs.<br>min. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:  | 15.4          |
| N  | 8. Trade, profess              | ork done, a                |                   |                |   |                  |   | Data of onset |
| OCCUPATION   | 9. Industry or b               | BOOKKEEP                   | ER, etc           | Jone           |   |                  | Clorkin & Mitra Regung  | -             |
| :UP/   | li work was                    | done, as SI<br>L, BANK, et | LK MILL.          |                |   |                  | Hypertines  |               |
| 000  | 10. Date decease<br>this occup |                            | ed at<br>th and   | 11. To         | tal time (y<br>spant in t<br>occupation | rears)<br>his    |   |               |
| 12.  | BIRTHPLACE (city               |                            |                   | rsvill         |   | ***********      | Other Coutributory Causes of importance:  |               |
| 2  | 13. NAME                       |                            | rry Wil           | 0              | •                                       |                  | Cardiae Lecomp  | 1933          |
| FATHER   | 14. BIRTHPLACE                 | (city or tow               | un) Unk           | nown           |   |                  | Name of operation   |               |
| 2  |                                |                            |                   | rylan          | ,                                       |                  | What test confirmed diagnosis?  | au'opsy?      |
| 15. MAIDEN NAME Tobitha Hood.  16. BIRTHPLACE (city or town) Unknown  (State or country) Managed and |                                |                            |                   | nown           |   |                  | 23. If death was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury         | q.            |
| (State or country) Maryland.  17. INFORMANT Mrs. Rosa Shipley.                                       |                                |                            |                   |                |   |                  | Where did injury occur?(Specify city or town, county and Sta<br>Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL | te)<br>.ACE.  |
|  | (Address)                      | Wat                        | ersvil"           |                |   |                  |   |               |
| 18. BURIAL, CREMATION, DR REMOVAL  PIRE 1 no Grove Centy Date Oct 9", 133.                           |                                |                            |                   | 7,DateQ        | ct                                      | 9".,133.         | Manner of Injury  |               |
| 19.  | UNDERTAKER                     | G.                         | m. J.             | faltz          | 318                                     |                  | 24. Was disease or injury in any way related to occupation of deceased?   | 200           |
| 20.  | FILED Oct                      | 7, 19                      | 32/21             | CS             | wy                                      | der              | (Signed) Astarly Erabel   | 72 J M. D.    |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

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9.—The industry or business in which the work was done.
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|               | Example II   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Peritonitis  | 3 days ago   |
| M 4 4000      | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteruts   | 1 year   |
|               | 1915<br>1921   | Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

should state RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement properly classified. MARGIN RESERVED FOR BINDING stated EXACT TTH UNFADING INK-THIS IS A PERMANN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLAI

| 1          | STATE O  | F MAR'                       | YLAND-                                       | CERTIFICATE OF DEATH   | 0000            |
|------------|--|------------------------------|--|--|-----------------|
| 1          | . PLACE OF DEATH   |                              |  | 95£  | 0000            |
|            | County Carroll   |                              |  | Registration Dist. No.   | 4               |
|            | Village or City Sylesing   |                              | £  | No. Springfield State Horrist of feath occurred in a horpital of Institution, give its NAME instead of street and mi                     | Ward            |
| 1          | Length of residence in city or town where de   | eath occurred                | 1yrs,_3mos                                   | s12ds. How long in U.S. if of foreign birth?yrsmo  | sds.            |
| 2          | . FULL NAME Clice Q  | <u>.</u>                     |  |  |                 |
|            | (a) Residence: No. Spring  | (Usual place                 | ate Hogy                                     | Ward.  If nonresident give city or town and S  | State           |
|            | PERSONAL AND STATISTIC   | CAL PARTI                    | CULARS                                       | MEDICAL CERTIFICATE OF DEATH   |                 |
| fe         |  |                              | RIED, WIDOWED, O (write the word)            | 21. DATE OF DEATH  (Month)  (Bay)  | 193-3<br>(Year) |
| 5¥.        | If merried, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of   | nour                         | -  | 22. I HEREBY CERTIFY, That I ettended of   | leceesed from   |
| 6.1        | DATE OF BIRTH (month, day, and year)   | reknow                       |  | I last saw hed alive on October 70 , 19.33   | : death is said |
| 7. I       |  | Days                         | If LESS then 1 dey,hrs. ormin.               | to have occurred on the dete steted above, et 10:30.P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: |                 |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc                           | none                         |  | Arteriosclerosis General;<br>Arteriosclerotic Heart Disease<br>Terminal Bronchopneumonia.  | Date of enset   |
| occn       | work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year) | 11. Total ti<br>spen<br>occu | me (yeers)<br>It in this<br>pation           |  |                 |
| 12.        | BIRTHPLACE (city or town) (State or country)   | ed Steel                     | tes  | Other Contributory Causes of importance: - Imbecility  | rule            |
| ER         | 13. NAME lenks   | vun                          |  |  |                 |
| FATHER     | 14. BIRTHPLACE (city or town)  | satur.                       |  | Name of operation Date of<br>Whet test confirmed diagnosls? Wes there an au  | utanev? VA      |
| ER I       | 15. MAIDEN NAME  | Kroun                        |  | 23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:  |                 |
| MOTHER     | 16. BIRTHPLACE (city or town)(Stete or country)  | Knour                        | <u>.                                    </u> | Accident, sulcide, or homicide? Date of injury Where did injury occur?   |                 |
| 17.        | INFORMANT Hospital   | record                       | ls.  | (Specify city or town, county and State<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA                        | CE.             |
| 18.        | BURIAL, CREMATION, OR REMOVAL  | "Date Det                    | 24,1933                                      | Menner of injury   |                 |
| 19.        | UNDERTAKER / Sel y Son<br>(Address) Sykesne  | e du                         | il.  | 24. Was disease or injury In any way related to occupation of deceased?  | no              |
| 20.        | FILED OLY 21 , 1933 CA   | lany,                        | Registrar.                                   | (Signed) Mi Virginia Beyer<br>(Address) Syklazille, Ml   | M. D            |

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example 1  |               | Example II  |               |
|--|---------------|---|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows:  | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy  | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car  | 1 wcek ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis S. A. | 3 days ago    |
|  |               | BECKER  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:  |               |
| Gallstones   | May 1,1923    | Gastroenteritis   | 1 year        |
|  |               |   |               |
|  |               |   |               |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

V. S. No. 1

m I

(Address)

OCCUPA-

| 1  | STATE C  | OF MAR         | RYLAND-                                  | CERTIFICATE OF DEATH  | 0010          |
|--|--|----------------|--|---|---------------|
| 1. PLACE O   | F DEATH  |                |  | <i>(0</i>   | ,             |
|  | Carroll  |                |  | Registration Dist. No. 7  | 4             |
| Village or (   | itySpringfie   | ld Stat        | e Hospita                                | 1. Novkesville, Md. St.,  | Ward          |
| Length of res  | idence In city or town where   | deeth occurred | 11 vrs 2 mo                              | f death occurred in a hospital or institution, give its NAME instead of street and is.  ds. How long in U.S. if of foreign birth? | number)       |
|  | ME Bernard   |                |  |   | v3            |
|  | nce: No. Bradbury  |                |  | St. Ward. Ju Gers Co.   |               |
| (a) itesidei   | ice. No. practical   | (Usual pla     | ce of abode)                             | St., Wald. If nonrendent give city or town and  | State         |
|  | AL AND STATIST   | ICAL PAR       | TICULARS                                 | MEDICAL CERTIFICATE OF DEATH  |               |
| 3. SEX   | 4. COLOR OR RACE   | 5. SINGLE, MA  | ARRIED, WIDOWED,<br>CED (write the word) | 21. DATE OF DEATH   | 67            |
| Male   | White  | Sing           | LED (write the word)                     | October 20 (Month) (Day)  | (Year)        |
| 5a. If married, widow<br>HUSBAND of                                  | ved, or divorced   |                |  | 22. I HEREBY CERTIFY, That I ettended   | denoted from  |
| (or) WIFE of   |  |                |  | July 29 1922 to October 20  | ) 19 33       |
| 6. DATE OF BIRTH   | (month, day, and year)   | Novembe        | r 9, 1902                                | Hast saw him elive on October 20 19 33  | deeth is said |
| 7. AGE Yes   | ars Months   | Deys           | If LESS than                             | to have occurred on the date stated above, et 7:25 am.  |               |
| 30   | 111  | 11             | I day,hrs.<br>ormin.                     | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:  | D 4 4         |
| 8. Trede, profe  | ssion, or perticular<br>work done, as SPINNER, F<br>, BOOKKEEPER, etcF | arm Lab        | orer                                     | Typhoid Fever   | Unk.          |
| < □ 9. Industry or   | business in which<br>s done, es SILK MILL,<br>LL, BANK, etc            |                |  |   |               |
|  | ed last worked at pation (month end 1926                               | ) I SI         | I time (years) pant in this Unk          |   |               |
| 12. BIRTHPLACE (ci   | ty or town) Prince   | George         | 's Co., M                                |   |               |
|  | Elmer Ridgel   | v              |  | Post-operative broncho-   |               |
| 7"   | (city or town) Princ   |                | gold Co                                  | pneumonia   | 10 10         |
| (State of  | country)   | se deoi        | ge 5 00.                                 | Name of operation Exploratory Laparotomy  |               |
| 15. MAIOEN NA  | ME Ruth Hay  | /es            |  | What test confirmed diagnosis? Wes there an e   |               |
| 16. BIRTHPLACE (city or town). Prince George's Co.                   |  |                |  | 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury      |               |
| ∑   (Stete or  | country)   |                |  | Where did injury occur?   |               |
| 17. INFORMANT Hospital Records (Address) S. S. Hosp. Sykesville, Md. |  |                |  | (Specify city or town, county and State<br>Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA                 | ICE,          |
| 18. BURIAL, CREMAT   | ION, OR REMOVAL  | Date Oc        | 123 19,33                                | Menner of injury  | ~~~~~~~~      |
| IO HADEDTAKED  | Hm / hal   | les (1         | lace.                                    | 24. Was disease or Injury In any way related to occupation of deceased?   | No            |

Registrar.

If so, specify

(Signed)

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| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|  |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| ,          | 1         | 1'8 11     | -      |              |
|------------|-----------|------------|--------|--------------|
| Deag nores | not ellar | until loge | morlem | experimation |
| /          |           |            |        |              |
|            |           |            |        |              |

WRITE PLAINLY, ATH UNFADING INK-THIS IS A PERMANN RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTEY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

| -   |  |
|-----|--|
| ó   |  |
| No. |  |
| 8   |  |
| -   |  |
| >   |  |
|     |  |

| STATE OF MARYLAND   | -CERTIFICATE OF DEATH   |
|---|---|
| 1. PLACE OF DEATH   | 82-0  |
| County Carroll  | Registration Dist. No.  |
| Village or City Sylamille, MR   | No. Spring Jold Sale Hor State Ward If death occurred by a hospital organization, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 11 yrs 11 mg   | os. 1 -3 ds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME Rose C. Roberts  | a 1 at 13 \   |
| (a) Residence: No. Sandvale - Parke Cure, (Usual place of abode)  | 1 St., Ward. (Sa Co. Cold )   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH (Month) (Day) (Year)  |
| a. If married, widowed, or divorced HUSBAND of  | 22. I HEREBY CERTIFY, That I attended deceased from   |
| (or) WIFE of  | 1925 to Oct , 2 1933  |
| DATE OF BIRTH (month, day, and year) July 19th - 1871.  | Hast saw holen alive on October 1 , 19.33; death is seig  |
| . AGE Years Months Days If LESS than  | to have occurred on the date stated above, at 9.000m.   |
| 62 1 day,hrs  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:  |
| 8. Trade, profession, or particular   | Date of onset   |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.   | Cerebral Hemourhage Oct 2-  |
| 9. Industry or business in which work was done, as SILK MILL,   | 9   |
| kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and yeer)  11. Total time (years) spent in this occupation. | • •   |
| 2. BIRTHPLACE (city or town)  | Other Cantributory Causes of importance:  |
| (State or country) Manual and   |   |
| 13. NAME Q. Roberts  14. BIRTHPLACE (city or town)  |   |
| 14. BIRTHPLACE (city or town)  (State or country)   | Name of operation   |
| CONTROL CONTROL   | What test confirmed diagnosis? Was there an autopsy   |
| 15. MAIDEN NAME Chicabeth Brewer  16. BIRTHPLACE (city or town) Washington  (State or country)  | 23. If death was due to external causes (VIDLENCE) fill in also the following:  |
| 16. BIRTHPLACE (city or town) Columnia (State or country)   | Accident, suicide, or homicide?   |
| 11 . 0 0  | Where did injury occur? (Specify city or town, county and State)  |
| 7. INFORMANT TO Julius Pecondo  | Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.   |
| 8. BURIAL, CREMATION, DR REMDYAD  | Manner of injury  |
| Foundam Carl Date Oll 3, 193  | Nature of injury.   |
| 19. UNDERTAKER Well +Sou Ine. (Address) Sykesville, mid.  | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED Det. Z, 19 33 CHarry Herr   | (Signed) M. Vinghina Beyon - M. C<br>(Address) Sykerilla, Md  |
|   | 7. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL | SPACE F | FOR | FURTHER | STATEMENTS | BY | PHYSICIA | IN |
|------------|---------|-----|---------|------------|----|----------|----|

FOR BINDING

MARGIN RESERVED

N. B.—WRITE PLAINLY, "

| County Carro   | ATH                          | 2.2                                  |  |              | Branch            | Sanatori<br>(23)          |                                   | 74  |                  |
|--|------------------------------|--------------------------------------|--|--------------|-------------------|---------------------------|-----------------------------------|---|------------------|
| Village or City H  |                              | Marvla                               | nd   |              |                   | (above)                   | Registration                      | Dist. No.                                     |                  |
|  |                              |                                      |  | (If d        | leath occurred in | a hospital or institution | on, give its NAM                  | E instead of street and                       | Wa               |
| Length of residence in                                       | 0.                           |                                      |  | o_mos.       | 17 ds. Ho         | w long in U.S. If of f    | foreign birth?                    | yrsr  | mos              |
| 2. FULL NAME   |                              |                                      |  |              |                   |                           |                                   |   |                  |
| (a) Residence: No.   | 1326 W.                      | Lafayet<br>(Usual place              |  | е.,          | Balto.            | wald.                     | If nonresiden                     | t give city or town an                        | d State          |
| PERSONAL A   | ND STATIST                   | ICAL PARTI                           | CULARS                                     |              | 1                 | MEDICAL CE                | RTIFICATI                         | OF DEATH                                      |                  |
| Female C   | or or race                   | 5. SINGLE, MAR<br>OR DIVORCE<br>Mari | D (write the w                             | /ED,<br>ord) | 21. DATE (        |                           | Oct.,                             | 11, 1933                                      | ., 193<br>(Year) |
| 5a. If married, widowed, or di<br>HUSBAND of<br>(or) WIFE of | vorced . Will                | liam Sha                             | rp   |              |                   |                           |                                   | Y. That I attended                            | d deceased from  |
| 6. DATE OF BIRTH (month,                                     | lay and year)                | Sept., 3                             | 5. 191                                     | - 1          |                   | r alive on OC             |                                   | et., 11,                                      | death is s       |
| 7. AGE Years   | Months                       | Days                                 | If LESS                                    |              |                   | d on the date stated      |                                   |   | , douth 13 30    |
| 22   | 1                            | 8                                    | 1  | hrs.         |                   | L CAUSE OF DEATH          |                                   |   | 71               |
| 8. Trade profession or                                       | particufar<br>e, as SPINNER, | Domesti                              |  |              |                   | Pulmona                   | ry Tub                            | erculosis                                     | Date of one      |
| 9. Industry or business                                      | in which                     |                                      |  |              |                   |                           |                                   |   | Sept             |
| work was done, a   | , etc                        | Unknown                              |  |              |                   |                           |                                   |   | 1932             |
| 10. Date deceased last von this occupation (n                | orked at<br>nonth end Unkno  | ff. Total t                          | ime (years)<br>nt in this Un<br>upation Un | know         | /n                |                           |                                   |   |                  |
|  | Court                        | n Mills                              |  |              |                   | tory Causes of Import     | ance:                             |   |                  |
| 12. BfRTHPLACE (city or tow<br>(State or country)            | 1/                           | a Caroli                             | na   |              |                   |                           |                                   |   |                  |
| ™ 13. NAME   | Jame:                        | s Bright                             | 5  |              |                   |                           |                                   |   |                  |
| f4. BIRTHPLACE (city or                                      | south                        | n Mills                              |  |              | Name of operati   | ion '                     | (                                 | Date of                                       | 0                |
| (State or country  |                              | n Caroli                             | na   |              |                   |                           |                                   | 2 Was there an                                | autonsy? Ve      |
| 15. MAIDEN NAME  | Mary                         | Bright                               |  |              |                   |                           |                                   | ill in also the following                     |                  |
| O 16. BIRTHPLACE (city or                                    | town) South                  | n Mills                              |  |              |                   |                           |                                   | Date of Injury                                |                  |
|  | North                        | n Caroli                             | na   |              | Where did Injury  | y occur?                  |                                   |   |                  |
| 17. INFORMANT John (Address) Henn                            | yton, Ma                     | eill, M.<br>aryland                  | . D.                                       |              | Specify whether   | injury occurred in I      | (Specify city of<br>NDUSTRY, In H | r town, county and Sta<br>DME, or in PUBLIC P | ate)<br>LACE.    |
| 18. BURIAL, CREMATION, OR                                    | REMOVAL                      | 1-                                   | 16   |              | Manner of injury  | у                         |                                   |   |                  |
| Place 1911 (   | wan.                         | Date 0-1                             | <b>B</b> ,1                                | 933          | Nature of Injury  |                           |                                   |   | /                |
| 19. UNDERTAKER 2004  | nell 6                       | Vilas.                               | 4.0  |              |                   | or tnjury in any way      | related to occup                  | pation of deceased?                           | no.              |
| ,,   | 10/1/                        | 7                                    | ace  | _            | il so, specify    |                           | toll                              | 10-V  | - ///            |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Įį.           | Example II   |  |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
| 1915          | Attack of epilepsy   | 1 week ago   |
| 1921          | Run over by street car   | 1 week ago   |
| July 5,1927   | Peritonitis  | 3 days ago   |
|               |  |  |
|               | Other contributory causes of importance:                                       |  |
| May 1,1923    | Gastroenteritis  | 1 year   |
|               |  |  |
|               | 1915<br>1921<br>July 5,1927  | The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

should state of OCCUPA.

Y. PHYSICIANS Exact statement

stated EXACTLY.

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

E.

should be it may be

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 10013   |
|--|--|
|  | 82:00  |
| County & anne Co   | Registration Dist. No. 16  |
| Village or City Franks Gray  | NoSt.,Ward   |
|  | death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.   |
|  |  |
| (a) Residence: No. (Usual piace of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)   | 21. DATE OF DEATH Och, 2, 193  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peraful & Brown   | (Month) (Day) (Year)  22.   I HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) Och que 1847   | 1   1   1   2   5   5   19   3   3   10   3   3   10   3   3   10   3   3 |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:  |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, Sawyer, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and Spin 193) spent in this occupation spent in this occupa | Cerabral Voznanlinga   |
| 12. BIRTHPLACE (city or town) 2226 (State or country)  | Other Contributory Causes of Importance:   |
| I 13. NAME Grayn Shroyer   |  |
| 13. NAME Juny Shroys  14. BIRTHPLACE (city or town)  (State or country)  | Nama of operation Data of  What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME Warrang Stale  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)   | Accident, suicida, or homicida? Date of Injury, 19   |
| 17. INFORMANT Myo Orline Shragen (Address)   | (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL Place asking Reserve Phone Date Del 193 =  | Manner of injury   |
| 19. UNDERTAKER Transis Beight (Address) Wishingsteen Will  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 168 27 Fall as - 1   | 1. (Simon Not, M. Maste  |

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Registrar

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| l cause of death and related causes<br>e were as follows: | Date of onset |
|---|---------------|
| psy   | 1 week ago    |
| reet ear  | 1 week ago    |
|   | 3 days ago    |
| outory causes of importance:                              | 1 yeor        |
| is  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

10014

| County_ Ca  | ווחיים  |                 |                                   |  | 74                               |  |
|---|---|-----------------|-----------------------------------|--|----------------------------------|--|
|   |   | d State         | Hosp.                             | Registration Dist. No Sylmasville, Maryland,   |                                  |  |
|   | ATTURNED BY                                   |                 | (1)                               | death occurred in a hospital or institution, give its NAME instead   | St.,Ward                         |  |
| Length of residence   | e in city or town where de                    | ath occurred    | yrs,2mos                          | -26 -ds. How long in U.S. if of foreign birth?yrs  | ds                               |  |
| 2. FULL NAME  | Harris S:                                     | ilverst         | ein.                              |  |                                  |  |
| (a) Residence:  |   |                 |                                   | A Strong Ward  |                                  |  |
| 1   |   |                 |                                   | 15 If nonresident give city  | or town and State                |  |
| PERSONAL  | AND STATISTIC                                 | CAL PARTI       | CULARS                            | MEDICAL CERTIFICATE OF E   | EATH                             |  |
| Male.   | white.  |                 | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH October 18   | , 193 <b>5</b>                   |  |
| 5a. If married, widowed, o<br>HUSBAND of  | r divorcad                                    | and the same of |                                   |  |                                  |  |
| (or) WIFE of  | annie Minne                                   | 0.77            |                                   | 22.   HEREBY CERTIFY, That   |                                  |  |
|   |   | ,               |                                   | July 22, 1933, to Oct.   |                                  |  |
| 6. DATE OF BIRTH (mon<br>7. AGE Years   | th, day, and year) Ap                         |                 | 1854                              | l last saw h_Attl _ alive on _ VV ka _ 100   | , 19_ <b>33</b> _; death is said |  |
|   |   | Days            | 1 day,hrs.                        | to have occurred on the date stated above, at 10P and the PRINCIPAL CAUSE OF DEATH and related causes of important | artomen.                         |  |
| 79  | 6   | 3               | ormin.                            | were as follows:   | Date of ones                     |  |
| 8. Trada, profession,<br>kind of work<br>SAWYER, BOO  | done, as SPINNER,<br>OKKEEPER, etc            | Tailor.         |                                   | General Arteriosclerosis   | ?                                |  |
| kind of work<br>SAWYER, BOO<br>9-Industry or busin<br>work was don<br>SAW MILL, BI<br>10. Date dacased la | ness in which<br>e, as SILK MILL,<br>ANK, etc |                 |                                   |  |                                  |  |
| 10. Date dacaased las   | st workad at<br>n (month and 1930.            | 11. Total ti    | ime (years)<br>nt in this         |  |                                  |  |
| year)   | 1930.   | 0031            | pation44                          | 04 0 4 . 0   |                                  |  |
| 2. BIRTHPLACE (city or  | town)Polar                                    | nd_             |                                   | Other Coutributory Causes of Importance:  Cardiac Dicompensation   | 1930                             |  |
| (State or country)  | 2 0 12 03                                     | 200             |                                   |  |                                  |  |
| 13. NAME Has  | rris Silver                                   | rstein          |                                   |  |                                  |  |
|   | or town)Po                                    |                 |                                   | Nama of operation Clinical Symptoms  | Date of                          |  |
| (State or coun  | itry)   | tanu.           |                                   | What test confirmed diagnosis? W   |                                  |  |
| 15. MAIDEN NAME   | Unknown.                                      |                 |                                   | 23. If death was due to external causes (VIOLENCE) fill in also t  |                                  |  |
| 15. MAIDEN NAME   | or town)                                      | lend            |                                   | Accident, suicide, or homicide? Data of in   | -                                |  |
| (Stata or cour  | ntry)   | remet           |                                   | Where did Injury occur?  |                                  |  |
| 17. INFORMANTOSD  | Ital record                                   |                 | Hosp.,                            | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. |                                  |  |
| 18. BURIAL, CREMATION,  | Kesville,                                     | Md.             | /                                 | Manner of injury   |                                  |  |
| Noning  |   | Data Je         | 20 1933                           |  |                                  |  |
|   | . 67.   | 111111          | 0                                 | Nature of Injury   | 27.                              |  |
| 19. UNDERTAKER (Address)  | The KE  | 2               | rue.                              | 24. Was disease or injury in any way related to occupation of di   | iceased?                         |  |
| (Addiess)   | 1 secures                                     | 1/              | VI.                               | If so, specify   | 100                              |  |
| 20. FILED WAY 1   | 8.,1933 699                                   | any             | / veer                            | (Signed) Sykosville. Md  | M. D                             |  |
|   |   |                 | Registrar.                        | (Acoress) Act 1230 P. L. L. L. S.  | •                                |  |

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| n             | Example II   |  |  |  |  |
|---------------|--|--|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago  |  |  |  |
| 1921          | Run over by street car   | 1 week ago   |  |  |  |
| July 5, 1927  | Peritonitis  | 3 days ago   |  |  |  |
|               |  |  |  |  |  |
|               | Other contributory causes of importance:   |  |  |  |  |
| May 1,1923    | Gastroenteritis  | 1 year   |  |  |  |
|               |  |  |  |  |  |
|               | 1915<br>1921<br>July 5, 1927   | Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |  |  |  |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| STATE OF MARYLAND   | -CERTIFICATE OF DEATH 10015   |
|---|---|
| 1. PLACE OF DEATH   | 108   |
| County Cavall   | Registration Dist. No. 74   |
| Village or City Sylesiale, Maryland   | No Springheld State Hornital St., Ward (If death occurred in a hospital or institution, give its NAME unstead of street and number) |
| Length of residence in city or town where death occurred 12 yrs. 9  | mos. 5 ds. How long in U.S. if of foreign birth?mosds.  |
| 2. FULL NAME Florence Spicer  |   |
| (a) Residence: No. 8 2.9 Sight Street (Usual place of abode)  | St., Ward. Add to the lift nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  |   |
| 5a. If married, widowed, or divorced HUSBAND of   |   |
| (or) WIFE of  | 22. 1 HEREBY CERTIFY That I attended deceased from 1925, to October 4 1933  |
| 6. OATE OF BIRTH (month, day, and year) October 6, 1847   | Hast saw here alive on October 3 1933; death is said  |
| 7. AGE Years Months Days If LESS that   |   |
| 85 1.1 28 1 day,  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER.  | Date of office  |
| kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and  | Lobar Greumonia 10-9-3  |
| work was done, as SILK MILL, SAW MILL, BANK, etc.   |   |
| - I Spent in this   |   |
| year) occupation  | Other Coatributory Causes of importance:  |
| 12. BIRTHPLACE (city or town)  (State or country)   |   |
|   |   |
| E amount q. spece   |   |
| 14. BIRTHPLACE (city or town) (State or country)  | Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAMESOTAL Coston   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME Scoral Continued to the | Accident, suicide, or homicide? Date of injury, 19  |
| (State or country) Marcyland  | Where did injury occur?   |
| 17. INFORMANT Hopital records.  | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.                  |
| 18. BUNIAL, CREMATION, OR REMOVAL MILE Oate Out. 7, 19  | Manner of injury  |
| 19. UNDERTAKER Richard F. Cruly (Address) Seethweel West  | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILEO Oct 5, 19 33 attacy the   | (Signed) M. Dorginia Bayer M. D.  |
|   |   |

10015

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH  |
|---|---|
| 1. PLACE OF DEATH   | 10016   |
| County Carroll  | Registration Dist. No. 78   |
| Village or City Mean Tellorsville   | No. St. Ward  |
| (If Length of residence in city of town whera death occurred  | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foraign birth?   |
| March   | ds. How long in U.S. If of foraign birth?yrsmosds.  |
| 2. FULL NAME ///WY U. S. LUW  | ans   |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (**brite the word)  | 21. DATE OF DEATH ON 27 1933  |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Waster Atendal   | (Month) (Day) (Year)  22.   I HEREBY CERTIFY That attended deceased from  |
| C DATE OF BIRTH (month day and man) Date 97 1880  | I last saw has alive on 1028 /3 1933 : death is said  |
| 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than   | to have occurred on the date stated above, at . 4. P. m.  |
| 53 / 28 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |
| 8. Trada, profession, or particular kind of work done, as SPINNER, House Monk SAWYER, BOOKKEEPER, etc. 9. Industry or businass fin which  | were as follows: Date of one of Date of one of 10-22  |
| 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  |   |
| 10. Date daceased last workad at this occupation (month and yaar)   11. Total time (years)   12. Total time (years)   13. Total time (years |   |
| 12. BIRTHPLACE (city or town)   | Other Contributory Courses of importance levels of importance levels of importance of |
| 13. NAME Wallier Miller   |   |
| 14. BIRTHPLACE (city or town) (State or country)  | Name of operation Date of Date of What tast confirmed diagnosis? Music Call Full Systems on autopsy? Many   |
| 15. MAIDEN NAME suckhane  | 23. If death was due to external causes (VIOLENCE fill in also the following:   |
| 16. BIRTHPLACE (city or town) (State or country)  | Accident, suicida, or homicide?   |
| 17. INFORMANT Walter Steward (Address)  | (Specify city or town, county and State) Specily whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.  |
| 18. BURIAL, CREMATION, OR REMOVAL House och 24, 1973  | Manner of Injury  |
| 19. UNDERTAKER H. M. Sayler (Address) Mr. Janes   | 24. Was disease or injury In any way related to occupation of deceased?   |
| 20. FILED Oct 23, 1933 E.M. Farrer  | (Signad) U, M. Jan Josle M. D.  (Addrass) 2018 Alexa Mil  |
|   |   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| related causes | Date of onset | The principal cause of death and related causes | -   |
|----------------|---------------|---|---|
|                |               | of importance were as follows:                  | Date of onset   |
| Arr.           | 1915          | Attack of epilepsy                              | 1 week ago  |
| THE POWER      | 1921          | Run over by street car                          | 1 week ago  |
| 3.34           | July 5,1927   | Peritonitis                                     | 3 days ago  |
|                |               | Other contributory causes of importance:        |   |
| 10             | May 1,1923    | Gastroenteritis                                 | 1 year  |
|                | portance:     | 1921<br>July 5,1927<br>portance:                | 1921 Run over by street car  July 5,1927 Peritonitis  Ortance: Other contributory causes of importance: |

| <br> |  |      |  |
|------|--|------|--|
|      |  |      |  |
|      |  | <br> |  |
| 4    |  |      |  |

-WRITE

TION

state OCCUPA.

plnods

1. PLACE OF DEATH

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

County Carroll

| Registration  | on Dist. No. 74                                      |
|---|--|
| o Rykesville, Md. death occurred in a horpital or institution, give its NA                            | St., Ward ME instead of street and number)           |
| ds. How long In U.S. if of foreign birth?_  | yrsds.   |
|   |  |
| imme, Mwad.   | ent give city or town and State                      |
| MEDICAL CERTIFICAT  |  |
| 21. DATE OF DEATH   | - OI DEATH   |
| October (Month)   | (Dey) (Year)   |
| August 27 19 33, to 1 last saw h er elive on Septembe to have occurred on the date stated abovo, at 7 | 40 P. death is said                                  |
| The PRINCIPAL CAUSE OF DEATH and related ca   |  |
| Carcinoma of sigmoi   | La   |
| flexure with metasta<br>to liver  | Unk.   |
|   |  |
|   |  |
| Other Contributory Causes of importance:  |  |
|   |  |
|   |  |
| Name of operation   | Date of  |
| What test confirmed diagnosis?  | 77   |
| 23. If death was due to externel causes (VIOLENCE)  |  |
| Accident, suicide, or homicide?   |  |
| Where did injury occur?   |  |
| (Specify city of Specify whether Injury occurred in INDUSTRY, in H                                    | or town, county and State) IOME, or in PUBLIC PLACE. |
| Manner of Injury  |  |
| Nature of injury  |  |
| 24. Was disease or injury in any way related to occu  | pation of deceased? NO.                              |
| If so, specify  |  |
| (Signed) for Man  | Mulled M.D.  |
| (Address) S. S. I Joseph s. 1. 5.1  | r Mes valle, Uld                                     |
|   |  |

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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| Example I   | H                  | Example II   |               |
|---|--------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:. | Date of onset      | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  | 1915               | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis  | 1921               | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5, 1927       | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:  Gallstones                            | May 1,1923         | Other contributory causes of importance:                                       | 1 year        |
|   | 112 43 2 1 2 3 4 4 | Cart Con (2)   | 2 gotti       |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|            |       |     |         | STATEMENTS | 1  |           |

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of infor-EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING PERMANE TION is very important. See instructions on back of certificate.

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N. B.-WRITE

| 1. PLACE OF DEATH  |  |  |
|--|--|--|
| County Gurroll   | 0  | Registration Dist. No.   |
| Village or City July Day   | Aurans Mil   | ND. St Ward  |
| Length of residence in city or town where deet   | h assured we                                       | (If death occurred in a horpital or institution, give its NAME instead of street and number)  _mosds. How long in U.S. if of foreign birth?yrsmosds. |
|  | n occurred yrs.                                    | now long in 0.5.11 of foreign bittaryrsmos,as,   |
| 2. FULL NAME Still Be  | ma)  | ish.   |
| (a) Residence: No.   | (Usual place of abode)                             | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTIC   | AL PARTICULARS                                     | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5.   | SINGLE, MARRIED, WIDON<br>OR DIVORCED (write the v |  |
| Male White   | OK DIVORCED (Abuse the V                           | (Month) (Day) (Year)   |
| Se. If married, widowed, or divorced HUSBAND of  |  |  |
| (or) WIFE of   |  | 22. I HEREBY CERTIFY, Thet I attended decesed from   |
| 6. DATE OF BIRTH (month, day, and year)  | 10th 1936  | 19   |
| 7. AGE Yeers Months  | Days   If LESS                                     |  |
|  | 1 day,   | were as follows.   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc   |  | Data of oneset   |
| SAWYER, BOOKKEEPER, etc.   |  | Juli Dow   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  Do late deceased last worked at this occupation (month and  |  |  |
| 10. Date deceased last worked at   | 11. Total time (years)                             |  |
| this occupation (month and year)   | spent in this occupation                           |  |
| 12. BIRTHPLACE (city or town)  | 115  | Other Coutributory Causes of Importence:   |
| (State or country)   | chunglety  |  |
| 13. NAME ) efficien length   | sessule 6. 50                                      |  |
| 14. BIRTHPLACE (city or town)  | 1 Pase Meat  | Name of operation Date of  |
| (Stete or country)   | The first  | What test confirmed diagnosis? Was there en eu'opsy?   |
| IS. MAIDEN NAME Gray Ch.   | Thesarent  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 18. MAIDEN NAME AND THE STATE OF THE STATE O | f () f   | Accident, suicide, or homicide? Dete of injury, 19   |
| (State or country)   | of High  | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT Selfelis Ors   | Kish DN  | Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  |
| 18. BURIAL, CREMATIDN, OR REMOVAL  | , 1000 · V) · VI · H                               | Manner of injury   |
| Place Methor's Memorial terr   | Date Oct. 11ths, 1                                 | 33. Nature of injury   |
| 19. UNDERTAKER Delphin Jali  | 1  | 24. Wes diseese or injury in any way releted to occupation of deceased?  |
| (Address)  | The net  | If so, specify   |
| 20 EUE CE 105 .93 Walin  | Ba Josh  | (Signed) D. Muc. M. D. M. D.   |
| 10.11.20   | Regis  | r. (Address) Ales busto fred   |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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|               | Example II   |  |  |
|---------------|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows:   | Date of onset  |  |
| 1915          | Attack of epilepsy   | 1 week ago   |  |
| 1921          | Run over by street car   | 1 week ago   |  |
| July 5, 1927  | Peritonitis  | 3 days ago   |  |
|               |  |  |  |
| May 1,1923    | Other contributory causes of importance:  Gastroenteritis  | 1 year   |  |
| In ay 1,1920  | The Total Control of the Total | 1 year   |  |
|               | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance: |  |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

B.—WRITE

V. S. No. 1

of OCCUPA-

| STATE OF   | MARYLAND-  | CERTIFICATE OF DEATH  | 1013          |
|--|--|---|---------------|
| 1. PLACE OF DEATH  |  | 97)   | 1,6           |
| County Carrall   |  | Registration Dist. No.  | 7             |
| Village or City Syperail   |  | No person feeld that News of death occurred in a hospital of institution, give its NAME instead of street and n | ward (ward    |
| Length of residence in city or town where deet   | h occurredmos  | ds. How fong in U.S. if of foreign birth?yrsmo  | sds           |
| 2. FULL NAME ///2 7//  | Wagner   | Qualto Co.  | 1             |
| (a) Residence: No.   | √<br>(Usual place of abode)                            | St., Ward. Sundalfo Mary Mary If nonresident give city or town and  | State         |
| PERSONAL AND STATISTIC   | AL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |               |
| female white   | SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word) | 21. DATE OF DEATH  (Month)  (Day)   | 193 3         |
| %a. If married, widowed, or divorced HUSBAND of (or) WiFE of Henry (   | Vagner   | 22. I HEREBY CERTIFY. Thet I attended of farmany 1, 19 33, to October 29  | ieceased from |
| 6. DATE OF BIRTH (month, day, and year)  | Busan 1856   | I last saw h Lt alive on Oct 23 4 , 19 23   | death is said |
| 7. AGE Years Months  | Deys If LESS than 1 day,                               | to have occurred on the date stated above, at   |               |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | housewife  | 1   | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and | _ 0 -  | General arterior cleres   | 192           |
| 10. Date deceesed last worked at this occupetion (month and year)  | 11. Total time (yeers) spent In this occupation        |   |               |
| 12. BIRTHPLACE (city or town) Middle & (State or country)  | Lung Carrall Co  | Other Contributory Causes of importance:  | 190           |
| 13. NAME Jaka Me Kin   | unga/  | A Sulling 1 post to   | 11            |
| 13. NAME THE WE KIND THE   | enslara -  | Name of operation   | utonev?       |
| 15. MAIDEN NAME Quice A  | linds  | 23. If death was due to external causes (VIOLENCE) fill In also the following                                   |               |
| 16. BIRTHPLACE (city or town) Maxw (State or country) Maxw   | busa -   | Accident, suicide, or homicide? Date of injury Where did injury occur?  |               |
| 17. INFORMANT Haspelas<br>(Address) Lybervel   | Resords.   | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA  | (CE.          |
| 18. BURIAL, CREMATION, OR REMOVALED PIECE  | pate Oct. 261933                                       | Manner of injury  |               |
| 19. UNDERTAKER (Address)   | me -   | 24. Was disease or injury in any way related to occupation of deceased?   |               |
| 20. FILED Det 74, 1933 8014  | Sry Han  | (Signed) Moved m les<br>(Address) Lypeswells Ma   | M, I          |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
|  |               | KEOPINED   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 10020   |
|---|--|
| 1. PLACE OF DEATH   |  |
| County Carroll  | Registration Dist. No.   |
| Village or City Dy hesvelle   | No. Opringfield tate to put at St., Ward   |
|   | death occurred in a horself or institution, give its NAME instead of street and number)  18 ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Milliam Edward Warthen   | 0. 4   |
| 4   | Damesous ma Ca   |
| (a) Residence: No. Damasous Md. (Usual place of abode)  | St, Word. Namuscus, Ma   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE Male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The state of the state of the word)  The state of the word of | 21. DATE OF DEATH October 153 (Month) (Day) (Year)   |
| HUSBAND of late Olive ann Reed.   | 1 HEREBY CERTIFY, That I attended deceased from Furnary 1/ 1933, to October 183, 1933  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than   | to have occurred on the date stated above, at 3.48 P.m.  |
| 7 (\ 2 ) 2   1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8 Trade profession or particular  | were as Iollows:  Date of onset  Grear 15  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEPER, etc.   | General asterios chrosis Jan.  |
| d undustry or business in which work was done, as SILK MILL,  | 1933   |
| kind of work done, as SPINNER, Farmer  SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) year)  11. Total time (years) 50 year) occupation (month and year)   |  |
| 12. BIRTHPLACE (city or town) Montgomery County.  (State or country) Ma   | Other Contributory Causes of Importance: Chronic Nephritis and Chronic Prior to Mysoardilis Jan.   |
| 13. NAME nathan B. Warthen  | 1933   |
| I4. BIRTHPLACE (city or town) Montgomery Co (State or country) Md.  | Name of operation from Date of Plans cal signs an a laterator fundames? The What test confirmed diagnosis? It was there an autopsy? The        |
| 15. MAIDEN NAME Rhoda Exchirison  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  |
| 15. MAIDEN NAME Khoda Etchrison  16. BIRTHPLACE (city or town) Montgomury Co  (State or country) Md.  | Accident, suicide, or homicide?  |
| 17. INFORMANT Jungfilla State Hospital / Records) (Address)  Partenille. Md.  | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.                             |
| 18. BURIAL, CREMATION, OR REMOVAL  Place Damaseus County Date Oct = 17 = 1933.  | Manner of Injury   |
| 19. UNDERTAKER 6. M. Haltz.  (Address) Finglied med.  | 24. Was disease or injury in any way related to occupation of deceased? The lf so, specify (Signed) who h. M. D. M. D.                         |
| 20. FILED Registrar.  | (Address) ( D. D. M.) Pykesville md  |
| If more blanks are needed, address State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICL | ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--|------------|-----------|---------|------------|----|-----------|
|--|------------|-----------|---------|------------|----|-----------|

| MARGI    | UNFA                           | pplied                              | forme                          |
|----------|--------------------------------|-------------------------------------|--------------------------------|
| 4        | ПТП                            | ully su                             | nielu                          |
|          | ILY,                           | mation should be carefully supplied | CATISE OF DEATH in plain terms |
|          | PLAIR                          | q plno                              | F DE                           |
|          | RITE                           | ion sh                              | TSE O                          |
| S. No. 1 | V. B.—WRITE PLAINLY, TITH UNFA | mat                                 | CAI                            |
| (10      | 1                              |                                     |                                |

|  |  |                             |  | CERTIFICATE OF DEATH   | 0021            |
|--|--|-----------------------------|--|--|-----------------|
| 1. PLACE   |  | Mary.                       |  | or out of the second second  | 0041            |
| ,  | arroll   |                             | COTOLAG                                    | Branch (23) Registration Dist. No. 74  |                 |
| Village or                                       | City Henryton  | , Md.                       | /16  | No. (above) St,  death occurred in a hospital or institution, give its NAME instead of street and  |                 |
| Length of re                                     | esidence in city or town where   | death occurred              | yrs. 2 mos                                 | 27 ds. How long in U.S. if of foreign birth?yrsm   |                 |
| 2. FULL N  | AME Regina   | ld Welch                    | , , , , , , , , , , , , , , , , , , ,      |  |                 |
| (a) Reside                                       | ence: No. 526 W. I   | Jniversi<br>(Usual place of | ty Parkwa                                  | By St., Baltoward, Md.  If nonresident give city or town and   |                 |
| PERSO  | NAL AND STATIST  |                             |  | MEDICAL CERTIFICATE OF DEATH   | State           |
| s. sex<br>Male                                   | 4. COLOR OR RACE Colored   | 5. SINGLE, MARE             | RIED, WIDOWED,                             | 21. DATE OF DEATH Oct., 27, 1933 (Month) (Day)   | , 193<br>(Year) |
| a. If married, wid<br>HUSBAND of<br>(or) WIFE of | owad, or divorced  |                             |  | July 31, 1933, 19 , to Oct., 27,   | deceased fro    |
| . DATE OF BIRTI                                  | H (month, day, and year)   | ct., 10.                    | 1892                                       | 1 last saw h im aliva on Oct., 27, 19339   | .; death is sa  |
|  | ears   Months   34   0   | Days                        | If LESS than 1 day,hrs. ormin.             | to have occurred on the date stated above, at445_mP .M .  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |                 |
| 8. Trade, pro<br>kind of<br>SAWYI                | fession, or particular<br>f work done, as SPINNER,<br>ER, BOOKKEEPER, etc. | Janito                      | r  | Pulmonary Tuberculosis   | Date of onse    |
| work v   | r business in which<br>vas done, as SILK MILL,<br>MILL, BANK, etc          | Unknow                      | n  |  | June<br>1933    |
| 10. Data dece<br>this oc<br>year)                | ased last worked at cupation (month and unkn)                              | 11. Total tin               | me (yaars) it in this Unknow pation Unknow | n.   |                 |
| 12. BIRTHPLACE ( State or co                     | (city or town) Unknown   |                             |  | Other Contributory Causes of importance:   | -               |
| 13. NAME   | Alber  | rt Welch                    |  |  |                 |
| 14. BIRTHPLA                                     | CE (city or town) Unknown or country) Virgi                                | own<br>In Islan             | ds   | Name of operation Date of What test confirmed diagnosis? Was there are   | O<br>autopsy? W |
| 15. MAIDEN                                       |  | abeth Rd                    | wards                                      | 23. If death was due to external causes (VIOLENCE) fill in also the following  |                 |
|  | CE (city or town) Unknown or country) Virgi                                | own<br>in Island            | ds   | Accident, suicide, or homicide? Date of Injury  Where did injury occur?  | , 19            |
|  | John E. O'Ne<br>Henryton, Mo   | eill, M.                    | D.   | (Specify city or town, county and Stat<br>Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL                          | e)<br>ACE.      |
| 8. BURIAL, CREM.                                 | ation, or removal  | 2 Data Oc                   | L 30, 19 33                                | Manner of Injury   |                 |
| 19. UNDERTAKER<br>(Address)                      | 3161 meje  | odon<br>Kolet               | f  | 24. Was disease or injury in any way related to occupation of deceased?  | no              |
| 20. FILED 10/                                    | 27/33. Depu  | ty Local                    | Medle.<br>Registrar.                       | (Signed) Au C. Cu  | W. M.           |

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| Cerebral hemorrhage 2 19.  | July 5, 1927  | Perilonilis  | 3 days ago    |  |
| DEPETATI V. S.   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastrocnteritis  | 1 year        |  |
|  |               |  |               |  |

| ADDITIONAL : | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|